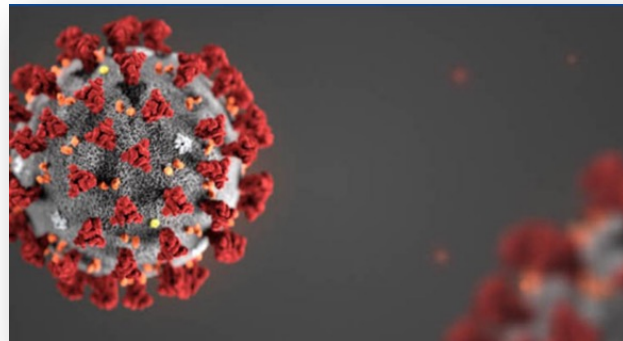




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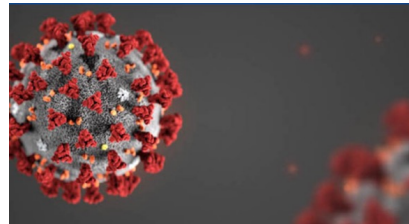


# An Update for NYS Healthcare Providers on COVID-19

April 15, 2021

# Agenda

- Global, National, New York State Update
- COVID-19 Variants Update
- COVID-19 Vaccine Update
- COVID-19 Vaccines and Children
- Other COVID-19 Updates
- Updated COVID-19 Guidance
- COVID-19 and Clinician Wellbeing



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**Recordings will be available immediately:**

[NYSDOH COVID-19 Healthcare Provider website](#)

In addition to YouTube, an on-demand version of our weekly sessions for healthcare providers in NYS is now available as a podcast – search NYSDOH

# Disclaimer

- The situation is rapidly evolving.
- All of the information presented is based on our best knowledge as of today.



# COVID-19 Global Update

**Bryon Backenson**

**Acting Director**

**Division of Bureau of Communicable Diseases**



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# Situation Summary: COVID-19 Global, 3/28/2021

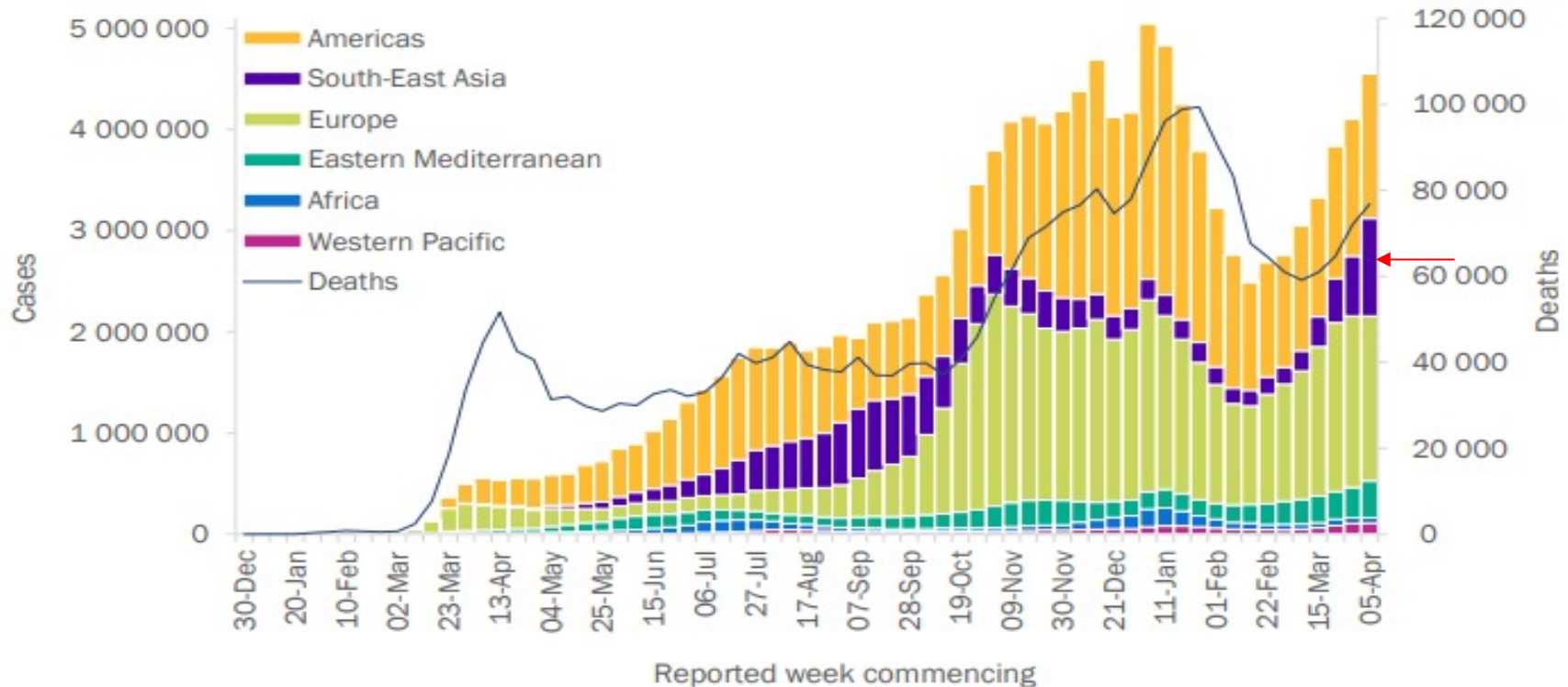
[www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)

Region	Confirmed Cases	Deaths
<b>Global</b>	<b>135,057,587</b>	<b>2,919,932</b>
Western Pacific	2,077,516	33,474
Europe	47,547,449	1,008,251 ←
South-East Asia	16,177,826 ←	228,385
Eastern Mediterranean	8,057,550	165,010
Africa	3,171,006	79,545
<b>Americas</b>	<b>58,025,495</b>	<b>1,405,254</b>

## Situation Summary: COVID-19 Global, 4/13/2021

[www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)

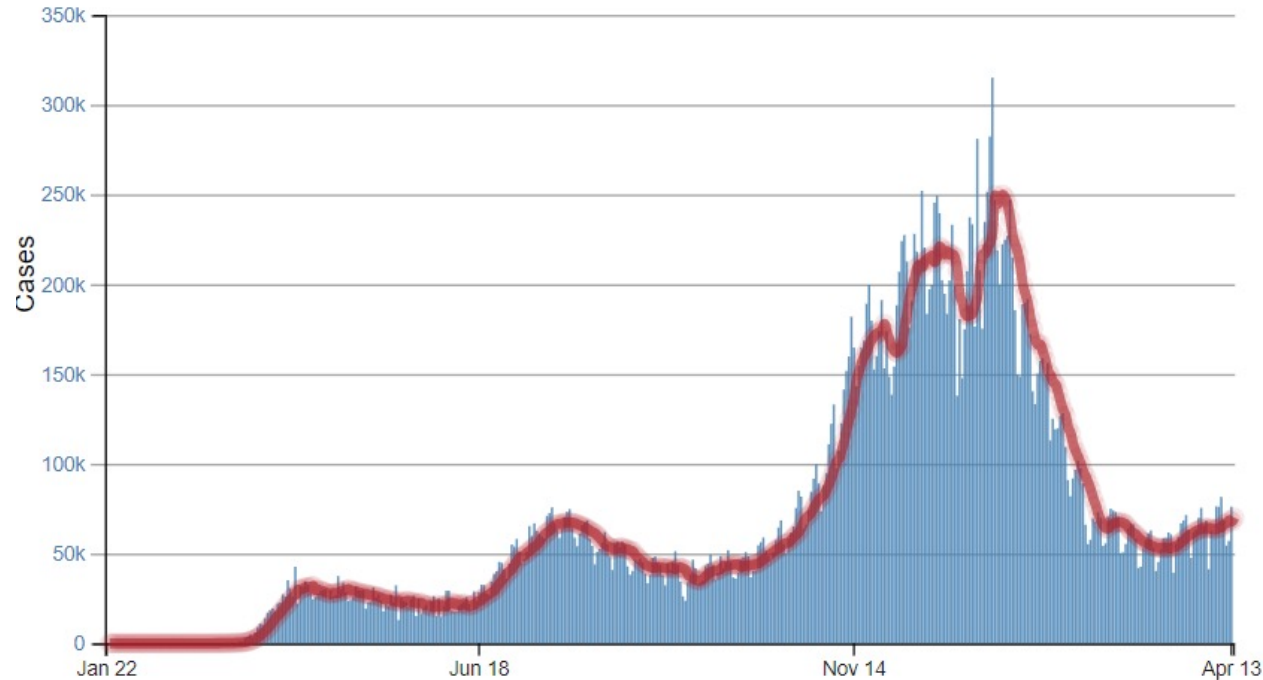
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 11 April 2021\*\*



# Situation Summary: COVID-19 U.S. (Apr 14, 2021)

[www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html)

**Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC**



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# NYSDOH COVID-19 Tracker (Apr 14, 2021)

Found at: [NYSDOH COVID-19 website](https://www.nysdoh.gov/covid19)

	Total Persons Tested	Total Tested Positive	% Positive Results	New Positives Today	Persons Tested Today
<b>Grand Total</b>	<b>47,938,786</b>	<b>1,957,551</b>	<b>4.1%</b>	<b>6,192</b>	<b>208,163</b>
<b>ALL NYC</b>	<b>20,463,717</b>	<b>879,386</b>	<b>4.3%</b>	<b>2,894</b>	<b>87,901</b>
<b>NYS Excluding NYC</b>	<b>27,475,069</b>	<b>1,078,165</b>	<b>3.9%</b>	<b>3,298</b>	<b>120,262</b>

## Test Results - Yesterday

	Total Persons Tested	Total Tested Positive	% Positive, Yesterday	% Positive, 7-day Avg
<b>Capital Region</b>	<b>7,538</b>	<b>186</b>	<b>2.5%</b>	<b>2.3%</b>
<b>Central New York</b>	<b>9,041</b>	<b>162</b>	<b>1.8%</b>	<b>1.5%</b>
<b>Finger Lakes</b>	<b>12,092</b>	<b>302</b>	<b>2.5%</b>	<b>3.1%</b>
<b>Long Island</b>	<b>26,612</b>	<b>859</b>	<b>3.2%</b>	<b>3.7%</b>
<b>Mid-Hudson</b>	<b>20,283</b>	<b>698</b>	<b>3.4%</b>	<b>3.7%</b>
<b>Mohawk Valley</b>	<b>5,038</b>	<b>132</b>	<b>2.6%</b>	<b>1.9%</b>
<b>New York City</b>	<b>87,901</b>	<b>2,894</b>	<b>3.3%</b>	<b>3.4%</b>
<b>North Country</b>	<b>4,859</b>	<b>49</b>	<b>1.0%</b>	<b>1.7%</b>
<b>Southern Tier</b>	<b>19,238</b>	<b>137</b>	<b>0.7%</b>	<b>0.8%</b>
<b>Western New York</b>	<b>15,561</b>	<b>773</b>	<b>5.0%</b>	<b>4.8%</b>

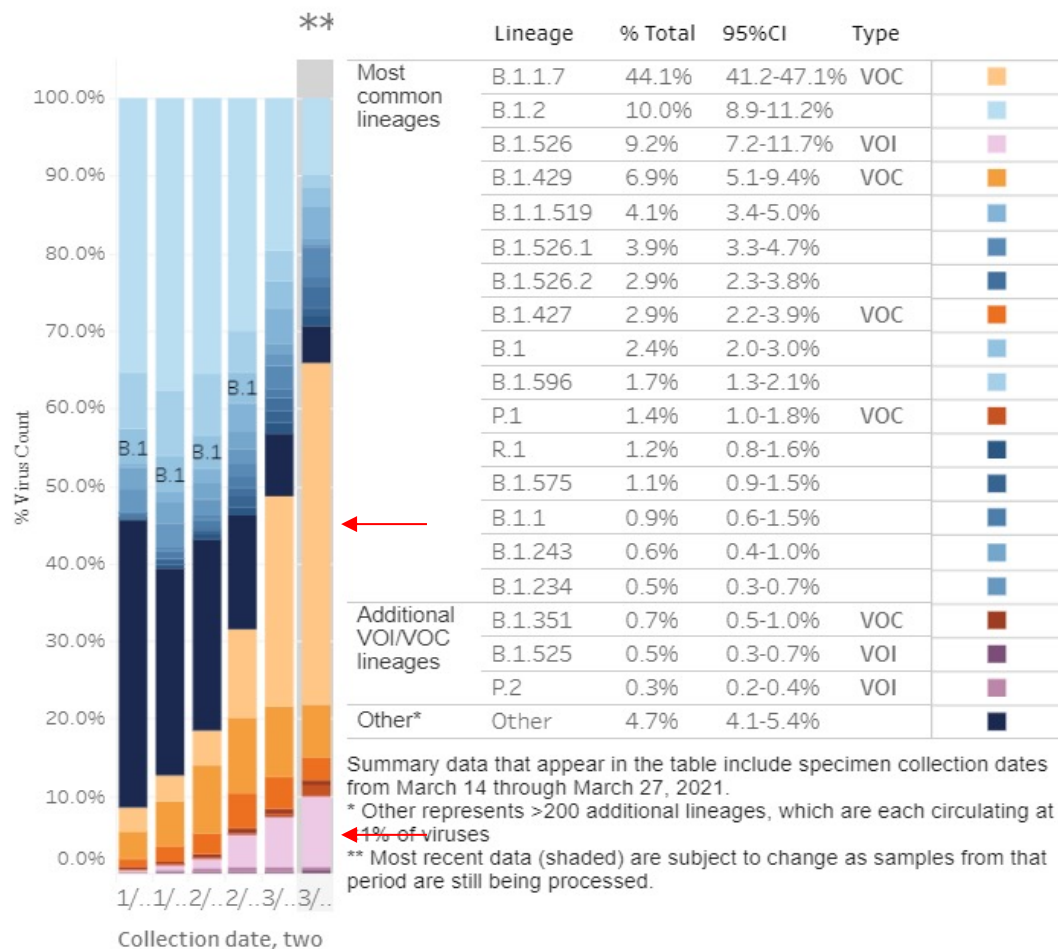


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# COVID-19 Variants Update

# SARS-CoV-2 Variants Circulating in the United States

SARS-CoV-2 Variants Circulating in the United States, January 3 – March 27 2021



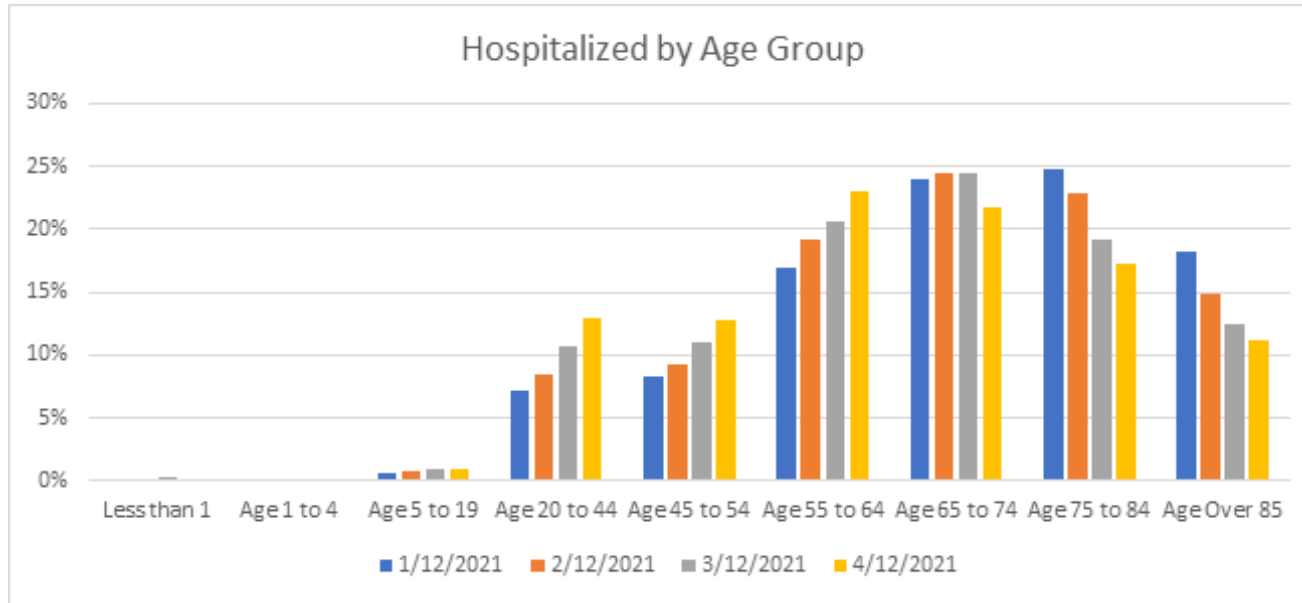
\* B.1.526, the “NY variant”

VOC: Variant of Concern

VOI: Variant of Interest

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-proportions.html>

# COVID-Associated Hospitalizations in NY



- Hospitalizations down more than 50% from 1/12, but age distribution has changed

- *Vaccine*
- *Behavior*
- *Variants*



# COVID-19 Vaccine Updates

Elizabeth Rausch-Phung, M.D., M.P.H.  
NYSDOH Bureau of Immunization



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Information contained in this presentation is current as of April 15, 2021

**This is an official**  
**CDC HEALTH ALERT**

Distributed via the CDC Health Alert Network  
April 13, 2021, 1:00 PM ET  
CDCHAN-00442

**Cases of Cerebral Venous Sinus Thrombosis with Thrombocytopenia  
after Receipt of the Johnson & Johnson COVID-19 Vaccine**

- <https://emergency.cdc.gov/han/2021/pdf/CDC-HAN-00442.pdf>
- 6 reported cases of cerebral venous sinus thrombosis (CVST) in combination with thrombocytopenia in young women age 18-48 years with onset 6-13 days after receipt of the Johnson & Johnson (J&J) COVID-19 vaccine
- Similar adverse events have been reported in Europe following receipt of AstraZeneca COVID-19 vaccine
- May be associated with platelet-activating antibodies against platelet factor-4 (PF4)
- **Recommend to pause use of the J&J COVID-19 vaccine**

## CDC Recommendations for Clinicians

- Maintain a high index of suspicion for symptoms that might represent serious thrombotic events or thrombocytopenia in patients who have recently received the Jansen COVID-19 vaccine, including severe headache, backache, new neurologic symptoms, severe abdominal pain, shortness of breath, leg swelling, petechiae (tiny red spots on the skin), or new or easy bruising. Obtain platelet counts and screen for evidence of immune thrombotic thrombocytopenia.
- In patients with a thrombotic event and thrombocytopenia after the Jansen COVID-19 vaccine, evaluate initially with a screening PF4 enzyme-linked immunosorbent (ELISA) assay as would be performed for autoimmune HIT. Consultation with a hematologist is strongly recommended.
- Do not treat patients with thrombotic events and thrombocytopenia following receipt of Janssen COVID-19 vaccine with heparin, unless HIT testing is negative.
- If HIT testing is positive or unable to be performed in patient with thrombotic events and thrombocytopenia following receipt of Jansen COVID-19 vaccine, non-heparin anticoagulants and high-dose intravenous immune globulin should be strongly considered.
- Report adverse events to VAERS, including serious and life-threatening adverse events and deaths in patients following receipt of COVID-19 vaccines as required under the Emergency Use Authorizations for COVID-19 vaccines.

# How to report an adverse event to VAERS

- Go to [vaers.hhs.gov](https://vaers.hhs.gov)
- Submit a report online
- For help:

Call [1-800-822-7967](tel:1-800-822-7967)

Email [info@VAERS.org](mailto:info@VAERS.org)

video instructions

<https://youtu.be/sbCWhcQADFE>

- Please send records to VAERS ASAP if contacted and asked

- HIPAA permits reporting of protected health information to public health authorities including CDC and FDA





# Post-Vaccination Information– v-safe

Provide recipients with CDC v-safe information sheet and encourage them to participate in v-safe for active safety monitoring

- V-safe is a new voluntary, smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins for COVID-19 vaccine recipients
- V-safe allows participants to report any side effects after COVID-19 vaccination to CDC in almost real time
- It also gives them a convenient reminder to get their 2<sup>nd</sup> COVID-19 vaccine dose
- CDC is requesting healthcare providers give patients a **v-safe information sheet** at the time of vaccination and encourage them to enroll and fill out the surveys when prompted to do so



**Get vaccinated.  
Get your smartphone.  
Get started with v-safe.**

**What is v-safe?**  
V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through v-safe, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And v-safe will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's v-safe makes a difference — It helps keep COVID-19 vaccines safe.

**How can I participate?**  
Once you get a COVID-19 vaccine, you can enroll in v-safe using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from v-safe around 2pm local time. To opt out, simply text "STOP" when v-safe sends you a text message. You can also start v-safe again by texting "START."

**How long do v-safe check-ins last?**  
During the first week after you get your vaccine, v-safe will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions v-safe asks should take less than 5 minutes to answer. If you need a second dose of vaccine, v-safe will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

**Is my health information safe?**  
Yes. Your personal information in v-safe is protected so that it stays confidential and private.\*

\*To the extent v-safe uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974, standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Federal Information Security Management Act, and the Freedom of Information Act.

**Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.**

**Sign up with your smartphone's browser at [vsafe.cdc.gov](https://vsafe.cdc.gov)**  
**OR**  
**Aim your smartphone's camera at this code**



12/01/20



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# Important Topics for COVID-19 Vaccine Management

1. Requesting COVID-19 Vaccine
2. Allocations, shipments, and receipt of vaccine
3. **NYSIIS Inventory and Reporting**
4. Storage and Handling
5. Redistribution and Vaccine Transport

# CDC Data and Reporting Requirements

- Within 24 hours of administering a dose of COVID-19 vaccine, must submit administration data through NYSIIS (providers located outside NYC) or CIR (providers located in NYC)
- Must report COVID-19 vaccine inventory daily into VaccineFinder
  - In New York State (outside NYC) providers must report vaccine inventory in NYSIIS and NYSDOH will upload to VaccineFinder daily

<https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>



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# Reporting Doses Administered

- Executive Order 202.82, and your CDC COVID-19 Vaccination Program Provider Agreement, require providers to **submit all COVID-19 vaccination information fields within 24 hours of vaccine administration** to NYSIIS or, in New York City, CIR
- Pursuant to Executive Order 202.82, at this time, an adult patient's consent is not required when submitting vaccination information to NYSIIS or CIR
- Vaccine administration may be reported 3 ways in NYSIIS
  - Manual entry in NYSIIS. See NYSIIS User Manual:  
[https://www.health.ny.gov/prevention/immunization/information\\_system/docs/user\\_manual.pdf](https://www.health.ny.gov/prevention/immunization/information_system/docs/user_manual.pdf)
  - Through Mass Vaccination module upload. See training at:  
[https://www.health.ny.gov/prevention/immunization/information\\_system/status.htm](https://www.health.ny.gov/prevention/immunization/information_system/status.htm)
  - Data Exchange from electronic medical record. For more information visit:  
[https://www.health.ny.gov/prevention/immunization/information\\_system/providers/data\\_exchange\\_information/](https://www.health.ny.gov/prevention/immunization/information_system/providers/data_exchange_information/)

# Accept Transfer in NYSIIS\*

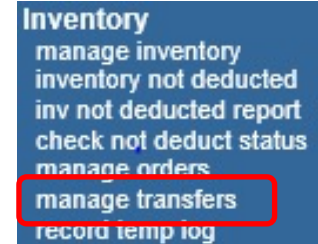
When a shipment is received from McKesson or manufacturer, immediately after storing vaccine log into NYSIIS to accept the order into inventory

- Manage Transfers will only show for orders placed with CDC, not redistributions from other providers
- Important to accept into inventory PRIOR to administering vaccine
- **Instructions called “Accepting Vaccine Shipments into NYSIIS Inventory” are attached with all email notifications of an allocation from the NYS Vaccine Program**

\*All slides regarding inventory in NYSIIS are applicable to only providers located outside New York City. Providers located within NYC must maintain inventory in CIR as required by NYCDOHMH

# How to Accept Transfer in NYSIIS

- Click Manage Transfers on left menu panel under Inventory



- Click the blue hyperlink that appears under Transfer ID in the Inbound Transfer section with the ship date listed.

Transfer List						
<i>Outbound Transfer</i>						
Create Date	Transfer ID	Order ID Number	Sending Org	Receiving Org	Ship Date	Accept Date
No Outbound Transfer.						
<i>Inbound Transfer</i>						
Create Date	Transfer ID	Order ID Number	Sending Org	Receiving Org	Ship Date	Accept Date
04/11/2021	<a href="#">1249327</a>	37	NYS Vaccine Program	David Axelrod Institute, Wadsworth Center, NYSDOH - 71495	04/12/2021	
David Axelrod						

# How to Accept Transfer in NYSIIS

- Vaccine info (quantity, trade name, NDC, lot number, and expiration date\*) will display
- Click **Accept Transfer** button in the upper right.
- A popup message will ask for confirmation, click OK
- Will populate inventory information in NYSIIS automatically

Receive Transfer

Accept Entire Transfer....

Return to the Previous Screen....

Accept Transfer

Cancel

Transfer Number: 1249327

Created on: 04/12/2021

Sending Entity

Organization NYS Vaccine Program

Address ESP CORNING TOWER, ROOM 641  
ALBANY, NY 12237

Contact NYS Department of Health

Phone # (800) 543-7468

Ship Date 04/12/2021

Receiving Entity

Organization David Axelrod Institute, Wadsworth Center, NYSDOH - 71495

Address 120 New Scotland Ave  
ALBANY, NY 12208

Contact Victoria Egan

Phone # (518) 265-7943

Order # [37](#)

Transfer Vaccine Item

Qty	Vac Group	Trade Name	Lot Number	Exp Date	NDC Description	Ship Info
600	COVID-19	Janssen COVID-19 Vaccine	206A21A	12/31/2069	Carton, 2 boxes of 10 multidose vials	<a href="#">UPS1</a>

Message from webpage

?

Are you sure you want to add all transfer items into

OK

Cancel

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# Updating NYSIIS Inventory for Redistributions

- When a redistribution occurs, both the releasing provider and receiving provider must update their inventory
- Releasing provider must subtract doses from inventory
  - Go to Manage Inventory and click Show Inventory
  - Check the box next to the lot that was redistributed and click Modify Quantity
  - Choose Subtract, enter quantity and choose Reason “Doses Transferred to another provider” then click Save
- Receiving provider must add doses to inventory
  - Check whether the lot number is already in inventory – be sure to check both active and inactive inventory
    - If same lot is already in inventory you may add through the Modify Quantity, choose Add, enter quantity and choose Reason “Receipt of Inventory” and click Save
    - If this lot is not yet in inventory, it must be manually added (see next slide)

# Updating NYSIIS Inventory for Redistributions: Adding Inventory

- Receiving provider must manually add inventory received that is new (no existing lot)
- Go to Manage Inventory and then click Add Inventory
- Add vaccine inventory information, including trade name, funding type (public), NDC, lot number, expiration date, and doses and then click Save

**Add Vaccine Inventory Information**

Site:

Trade Name:

Manufacturer:

Funding Type:

NDC:   
Pfizer COVID-19 Vaccine, 975 dose

Lot Number:   
Note: Please enter Lot Number found on OUTER Packaging

Expiration Date:

Lot Active:

Doses on Hand:

Cost Per Dose (\$):

\*All COVID-19 vaccine is Funding Type 'Public'

# Adding inventory in NYSIIS for “extra” doses from vial

- The Pfizer vaccine contains 6 doses per vial, Moderna vaccine contains 10 doses per vial, Janssen contains 5 doses per vial.
- If an additional full dose can be drawn from a vial (no pooling from multiple vials), this should be added to inventory, so the doses administered have a lot to deduct from.
- To add a “extra” drawn doses to inventory:
  - Go to Manage Inventory, and click Show Inventory button on top right
  - Click the box next to the appropriate vaccine lot, and then click Modify Quantity
  - In the bottom section labeled Modify Quantity on Hand, choose Add, enter number of “extra doses” for that lot, and select the reason “Receipt of Inventory”
- Detailed instructions can be found here:
  - Pfizer: [https://coronavirus.health.ny.gov/system/files/documents/2020/12/pfizer\\_vaccine\\_guidance\\_doses.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/12/pfizer_vaccine_guidance_doses.pdf)
  - Moderna: <https://coronavirus.health.ny.gov/system/files/documents/2021/01/modernaextradospackage.pdf>

# Reporting Wastage

- Any doses of vaccine that are unused, spoiled, damaged, or expired are considered waste
- The COVID-19 vaccination provider agreement states that the provider must dispose of wasted COVID-19 vaccines according to the jurisdiction's procedures.
- Sites should dispose of COVID-19 vaccine waste in accordance with local regulations and processes they are currently using to dispose of regulated medical waste.
- In addition, COVID-19 vaccine program requirements include providers reporting wastage (e.g., unused, spoiled, or expired) information to NYSDOH. For providers located outside NYC, this is done in NYSIIS.



# Reporting Wastage in NYSIIS

- Click Manage Returns and Wastage
- Click on Create Request

Manage Returns/Wastage Requests

Create Request

Current Returns/Wastage

User	Submit Date	Status	Request #
------	-------------	--------	-----------

Historical Returns/Wastage (last 30 days by default)

Show Historical Requests by Date From: 01/14/2021 To: 02/13/2021 Refresh List

User	Submit Date	Status	Request #
------	-------------	--------	-----------

Inventory

- manage inventory
- inventory not deducted
- inv not deducted report
- check not deduct status
- manage orders
- manage transfers
- record temp log
- manage campaigns
- manual orders
- manage rdc
- manage returns and wastage
- vaccine loss report
- vaccine loss status
- manage allocation
- create prebooking
- manage prebooking

- The bottom portion of the **Create Returns/Wastage** screen, or the *Public Lots Available* section, displays a table to record the quantity of each lot of COVID-19 vaccine that is to be reported as wastage, along with the reason.

# Reporting Wastage in NYSIIS

- Identify the Lot that had wasted doses
- Select a Wastage Reason.

**Do not choose any reason listed under 'Returns', only use 'Wastage' reasons.**

Public Lots Available						Returns/Wastage Reason	Quantity	Add Line
Trade Name	Packaging	NDC Number	Lot Number	Expiration Date	Doses on Hand			
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EL3246	04/30/2021	1	Expired - Shortened expiration date	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EL3248	04/30/2021	391	Failure to store properly upon receipt	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EL9266	05/31/2021	220	Equipment failure (refrigerator/freezer)	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EL9264	05/31/2021	1	Natural disaster/Power Outage	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EL9264	05/31/2021	1	Refrigerator too cold	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EL9264	05/31/2021	1	Refrigerator too warm	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EL9264	05/31/2021	1	Freezer too warm	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EN6201	06/30/2021	975	Spoiled- other	<input type="text"/>	Add Line
Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vaccine, 975 dose	59267-1000-02	EN6201	06/30/2021	975	Recall	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	011L20A	07/03/2021	88	Returned - Other	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	011L20A	07/03/2021	88	Broken vial/syringe	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	012L20A	07/06/2021	223	Lost or unaccounted for vaccine	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	012L20A	07/06/2021	223	Non vaccine product (e.g., IG, HBIG, Dil)	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	012L20A	07/06/2021	223	Open vial but all doses not administered	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	012L20A	07/06/2021	223	Vaccine drawn into syringe but not admin	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	012L20A	07/06/2021	223	Wasted- Other	<input type="text"/>	Add Line
Moderna COVID-19 Vaccine	Moderna COVID-19 Vaccine 10 MDV carton	80777-0273-99	029L20A	07/13/2021	304		<input type="text"/>	Add Line

- If you have more than one reason for a given lot, click Add Line (will add same vaccine information below). Two duplicate lots cannot be listed with the same Returns/Wastage Reasons for both.
  - Enter the number of wasted doses in the “Quantity” box. You cannot enter a quantity that exceeds the number of Doses on Hand.
- Click **Save and Submit**. The following morning the inventory will decrement the doses wasted

# NYSIIS Wastage Reasons and Definitions

Reason	Definition/Example
Broken vial/syringe	Vaccine vial or syringe that was damaged. Example: If an entire Pfizer vial is broken, report 6 doses wasted.  Syringe dropped on floor.
Lost or unaccounted for vaccine	Unable to draw standard dose count from a vial. For wastage reporting this is 6 doses from Pfizer vial and 10 doses from Moderna vial.  Examples: If staff are only able to draw 5 doses from a Pfizer vial, report 1 dose wasted. If staff are only able to draw 9 doses from a Moderna vial, report 1 dose wasted.  Vaccine that was lost or unaccounted for (such as a shipping shortage).
Open vial but all doses not administered	An open multi-dose vial of vaccine, with doses remaining that is past the beyond use time. (Reminder: Doses must be used within specified time frame after mixing or puncturing vial.)
Vaccine drawn into syringe but not administered	Vaccine that was drawn into a syringe but was not administered.
Wasted: Other	Vaccine that became non-viable due to a temperature excursion (too cold or too warm). Vaccine that has passed the expiration date or the refrigerated beyond-use date (BUD). Vaccine that is contaminated (discolored, contains particulates, etc.)  NOTE: If there is no example listed that covers the wastage reason, categorize as "Wasted: Other" and enter a Request Note with explanation for all wastage categorized as "Other".

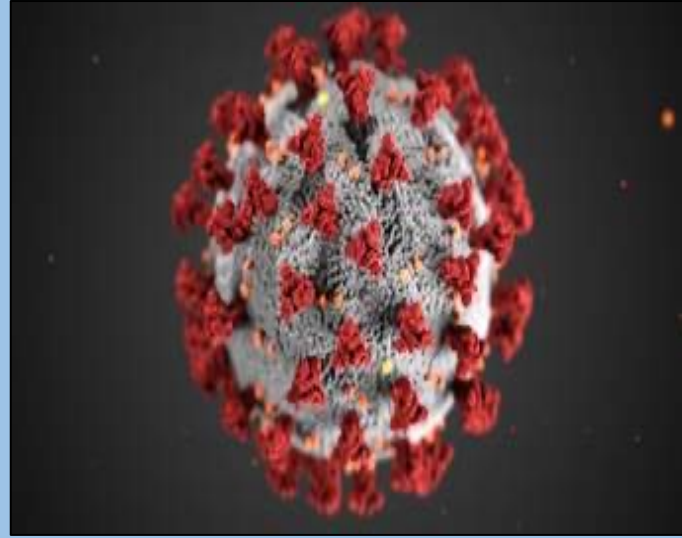
# COVID-19 Vaccines and Children

**Henry (Hank) Bernstein, DO, MHCM, FAAP**  
**Professor of Pediatrics**  
**Zucker School of Medicine**  
**Cohen Children's Medical Center**



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# COVID-19 Vaccines and Children



**Cohen Children's Medical Center**  
Northwell Health<sup>SM</sup>



DONALD AND BARBARA  
ZUCKER SCHOOL *of* MEDICINE  
AT HOFSTRA/NORTHWELL

**Henry (Hank) Bernstein, DO, MHCM, FAAP**  
**Professor of Pediatrics**  
**Zucker School of Medicine**  
**at Hofstra/Northwell**

# Take Home Points



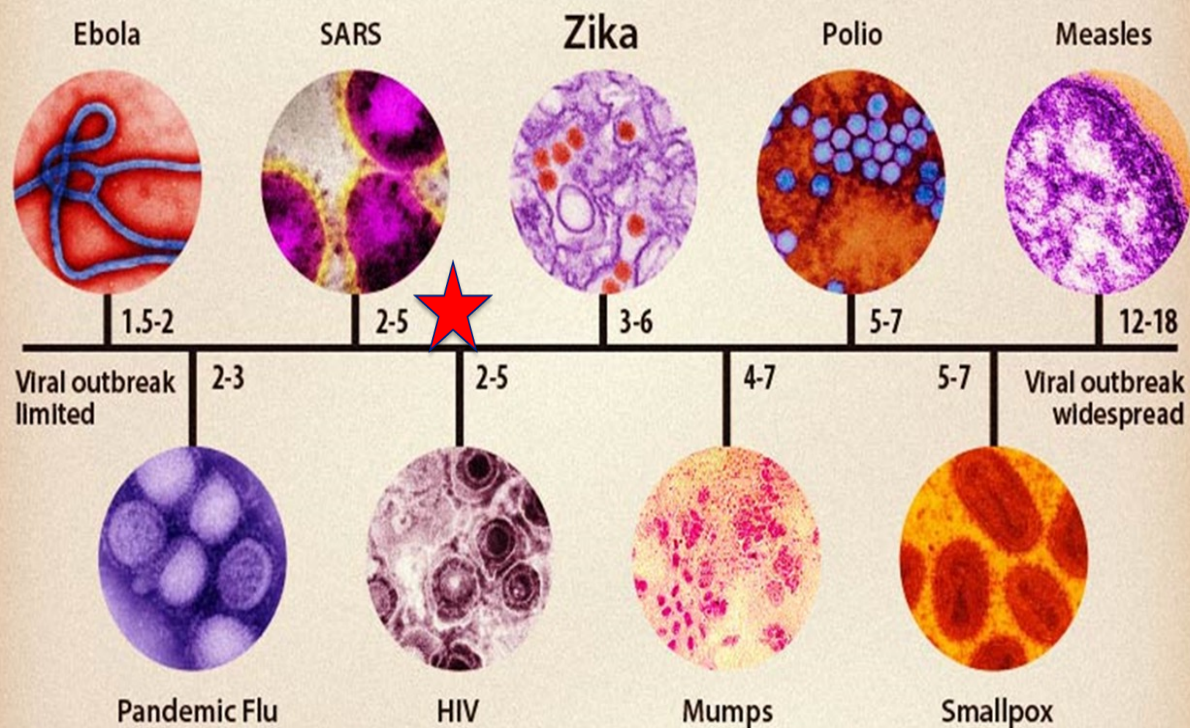
- >175 million COVID-19 vaccine doses have been administered in the US
- During this time, the U.S. government has implemented the most intense and comprehensive vaccine safety monitoring program in history
- Overall, the safety profiles of COVID-19 vaccines are reassuring and consistent with that observed from the pre-EUA clinical trials
- Millions of children have been infected, thousands have been hospitalized, and hundreds have died from COVID-19

# Take Home Points



- Children make up more than 22% of the US population
- Children are not little adults, so it's imperative that we have studies showing vaccines are safe and effective in children
- Viruses constantly change via mutation; hence variants develop
- Increased viral spread is more permissive for mutations and the development of variants
- $R_0$  value for SARS-CoV-2 is 2-5
- Herd immunity threshold is  $1 - 1/R_0$  and approaches about 80%

# Well-known viruses by $R_0$ value



Source: Centers for Disease Control, World Health Organization



# COVID-19 Pediatric Mortality vs Selected VPDs

**COVID-19 pediatric deaths = 268 from March 2020 to March 2021**

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

VPD	Annual Deaths	Citation
<b>Meningococcus (all serogroups)</b>	<b>16</b>	MacNeil et al Clinical Infectious Diseases 2018;66(8):1276-81 <a href="https://academic.oup.com/cid/article/66/8/1276/4605281">https://academic.oup.com/cid/article/66/8/1276/4605281</a>
<b>Pneumococcus (all serotypes)</b>	<b>32</b>	CDC Manual Surveillance VPD <a href="https://www.cdc.gov/vaccines/pubs/surv-manual/index.html">https://www.cdc.gov/vaccines/pubs/surv-manual/index.html</a>
<b>Influenza</b>	<b>1 - 196</b>	<a href="https://gis.cdc.gov/grasp/fluview/pedfludeath.html">https://gis.cdc.gov/grasp/fluview/pedfludeath.html</a>
<b>Rotavirus</b>	<b>20 - 60</b>	<a href="https://cdc.gov/rotavirus/surveillance.gov">cdc.gov/rotavirus/surveillance.gov</a>
<b>RSV</b>	<b>42 - 121</b>	Byington et al Pediatrics 2015 Jan; 135(1): e24–e31. <a href="https://pubmed.ncbi.nlm.nih.gov/25489019/">https://pubmed.ncbi.nlm.nih.gov/25489019/</a>

# COVID-19 Pediatric Mortality vs Selected VPDs

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VPD	Annual Deaths	Citation
Varicella	50	Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. J Infect Dis 2000; 182(2): 383-90.
Rubella	17	Roush SW, Murphy TV. Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA 2007; 298(18): 2155-63.
Hepatitis A	3	Vogt TM, Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis 2008; 197(9): 1282-8.
Hib	~1000	<a href="https://www.historyofvaccines.org/content/articles/haemophilus-influenzae-type-b-hib">https://www.historyofvaccines.org/content/articles/haemophilus-influenzae-type-b-hib</a>
Poliomyelitis	3145	"History of Vaccines Website - Polio cases Surge". College of Physicians of Philadelphia. 3 November 2010.

## Enrolling Minors in COVID-19 Vaccine Trials

- “Waiting too long to enroll minors could unjustly deny minors and their families the benefit of a vaccine and has the potential to delay an effective response to the pandemic by a year or longer.”
- “At the same time, enrolling minors too soon runs the risk of exposing them to excessive risks.”
- “Enrolling minors, beginning with older, healthy adolescents, after there is sufficient evidence of safety in adults, addresses concerns over exposing children to excessive research risks.”

# COVID mRNA Vaccines



## Pfizer BioNTech

- 2 doses: 0 and 21 days
- Efficacy: 95% (7 d after dose 2)
  - 90% vs severe disease
- Reactions after vaccine
- No serious adverse events



## Moderna

- 2 doses: 0 and 28 days
- Efficacy: 94% (7 d after dose 2)
  - 100% vs severe disease
- Reactions after vaccine
- No serious adverse events

# COVID Replication-incompetent Virus Vector Vaccine

Janssen/J+J

- 1 dose
- Vaccine effectiveness against deaths due to COVID-19: 100% (>14 d)
- Efficacy for hospitalization: 100% (>28 d)
- Efficacy for severe disease: 83.5% (>28 d)
- Reactions after vaccine
- No serious adverse events

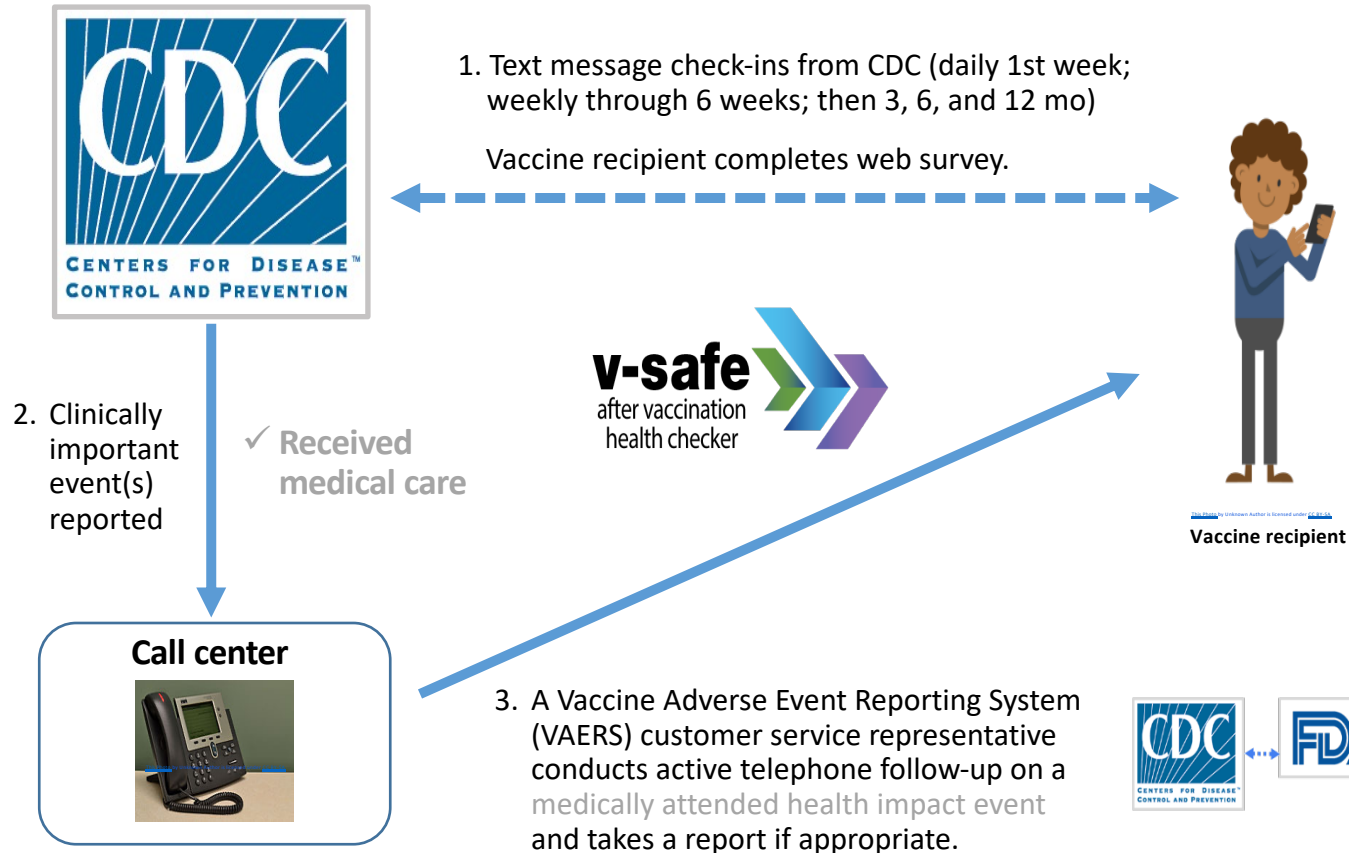


# COVID-19 Vaccines: US Children



<b>Platform/ Design</b>	mRNA: encodes stabilized spike; lipid NP	mRNA: encodes stabilized spike; lipid NP	Replication incompetent Ad26; stabilized spike	Replication incompetent ChAdOx1 chimp Ad; wild type spike	Baculovirus expressed trimeric stabilized spike + Matrix M
<b>Dose/ Schedule Adults</b>	IM 2 doses at 30 µg, 21 days	IM 2 doses at 100 µg, 28 days	IM 1 dose at $5 \times 10^{10}$ (also testing 2 doses (56 days)	IM 2 doses at $5 \times 10^{10}$ vp, 28 days	IM 2 doses at 5 µg, 21 days
<b>Current Status</b>	EUA ages 16 and up	EUA ages 18 and up	EUA ages 18 and up	Phase 3 adults, EUA under review	Phase 3 adults, expected interim in April
<b>Teens</b>	Ages 12-15 yr: 2,250 participants, 1:1, 30µg, 2 doses, all enrolled, possible submission for BLA Apr 2021	Adolescent trial 12 -17 yr (TeenCove – fully enrolled) 2,250 participants, 2:1, 100µg 2 dose, possible submission EUA – May 2021	Ages 12-15 not yet started (330 ppts, 1 or 2 dose, 5:1) Ages 16-17 enrolling Europe Plan to include adolescent data with EUA submission Q12021	Teens trial started in UK	Nested in Phase 3, ages 12-17 not yet started (3000 ppts, 2:1 2 dose); expected start May
<b>Younger Children</b>	Dose-ranging 5-11 yo 2021 – 1st subject vaccinated 3/2021 <5: November 2021 Age de-escalation	Ages 6m-11y KidCove; started 3/2021 (6750 ppts, 3:1, 2 dose); 25, 50, 100 mcg testing	Ages 3-11 not started yet (900 ppts, 8:1, 2 dose) FSFD: planned for April 2021	Ages 6 and over trial started in UK	Nested in Phase 3, Ages 6-11y, not started yet (3000 ppts, 2:1, 2 dose) expected start May

# COVID-19 Vaccine Safety Monitoring



# COVID-19 Vaccine Safety Monitoring

VAERS is **the nation's early warning system** for vaccine safety



## VAERS

**Vaccine Adverse Event  
Reporting System**

co-managed  
by  
CDC and FDA  
<http://vaers.hhs.gov>

**VAERS** Vaccine Adverse Event Reporting System  
[www.vaers.hhs.gov](http://www.vaers.hhs.gov)



Have you had a reaction following a vaccination?

1. Contact your healthcare provider.
2. [Report an Adverse Event](#) using the VAERS online form or the new downloadable PDF. **New!**

**Important:** If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified healthcare provider.

¿Ha tenido una reacción después de recibir una vacuna?

1. Contacte a su proveedor de salud.
2. [Reporte una reacción adversa](#) utilizando el formulario de VAERS en línea o la nueva versión PDF descargable. **Nuevo!**



What is VAERS?



**REPORT AN ADVERSE EVENT**

Report significant adverse events after vaccination.



**SEARCH VAERS DATA**

Download VAERS Data and search the CDC WONDER database.



**REVIEW RESOURCES**

Find materials, publications, learning tools, and other resources.



**SUBMIT FOLLOW-UP INFORMATION**

Upload additional information related to VAERS reports.



# COVID-19 Vaccine Safety Monitoring

## Vaccine Adverse Event Reporting System (VAERS)

### Strengths

- National data
- Rapidly detects safety signals
- Can detect rare adverse events
- Data available to public

### Limitations

- Reporting bias
- Inconsistent data quality and completeness of information
- Lack of unvaccinated comparison group
- Not designed to assess causality

- **VAERS accepts all reports from everyone** regardless of the plausibility of the vaccine causing the event or the clinical seriousness of the event.
- As a hypothesis generating system, VAERS identifies potential vaccine safety concerns that can be studied in more robust data systems.



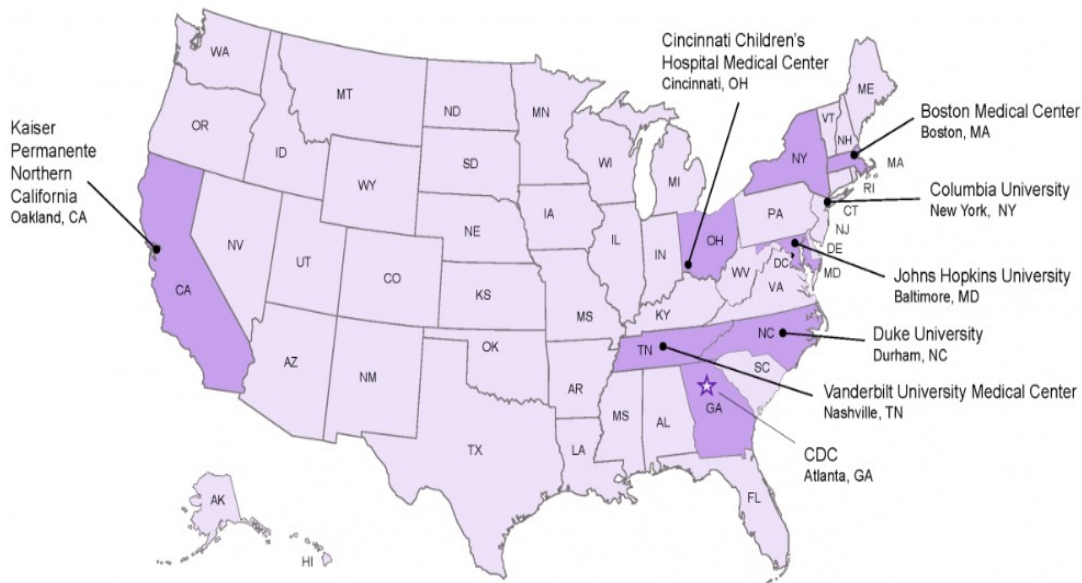
# COVID-19 Vaccine Safety Monitoring



## CISA

**Clinical  
Immunization  
Safety  
Assessment  
(CISA) Project**

**7** participating medical  
research centers with  
**vaccine safety experts**



- **clinical consult services<sup>†</sup>**
- **clinical research**

<sup>†</sup>More information about clinical consults available at  
<http://www.cdc.gov/vaccinesafety/Activities/CISA.html>

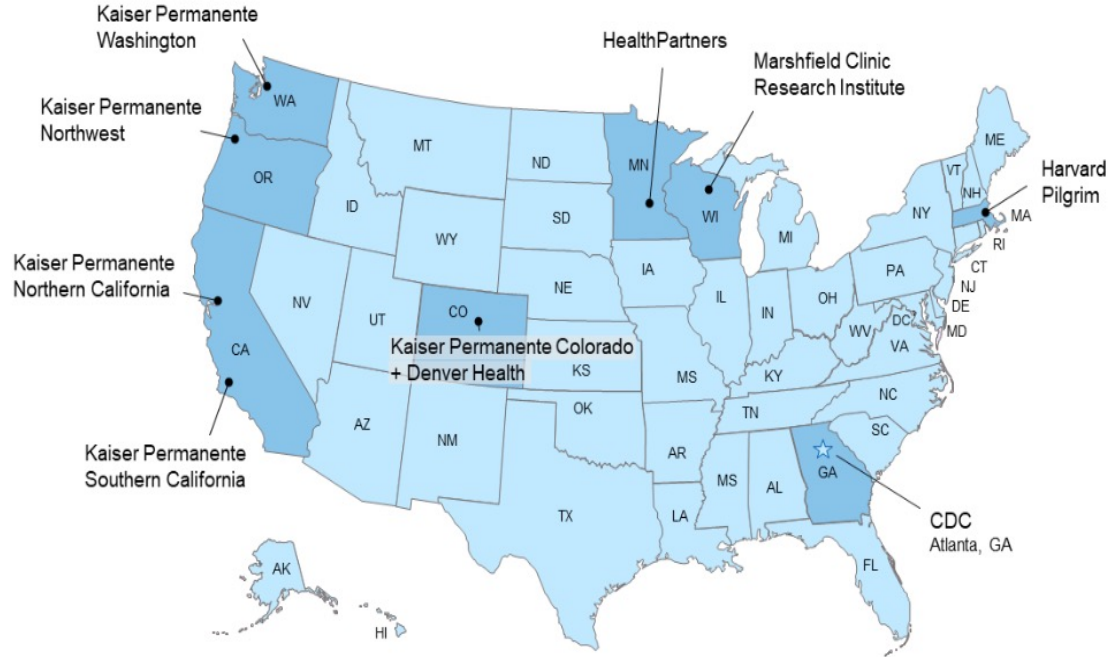
# COVID-19 Vaccine Safety Monitoring



**VSD**

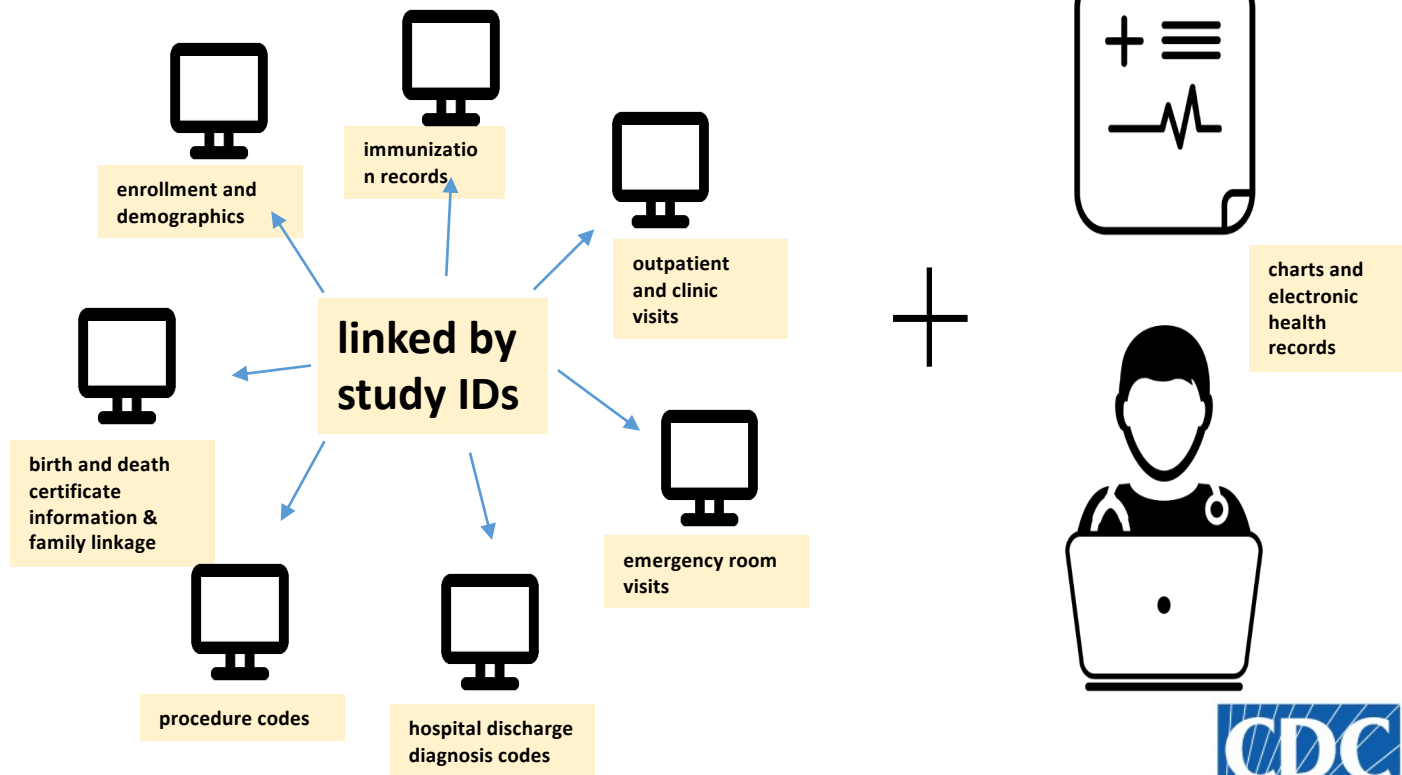
**Vaccine  
Safety  
Data Link**

**9 participating  
integrated  
healthcare  
organizations data  
on over 12 million  
persons per year**



# COVID-19 Vaccine Safety Monitoring

## Types of information in VSD



# Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES  
**2021**

## Vaccines in the Child and Adolescent Immunization Schedule\*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombinax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
<b>Combination vaccines (use combination vaccines instead of separate injections when appropriate)</b>		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACP or CDC.

## How to use the child/adolescent immunization schedule

- 1** Determine recommended vaccine by age (Table 1)
- 2** Determine recommended interval for catch-up vaccination (Table 2)
- 3** Assess need for additional recommended vaccines by medical condition and other indications (Table 3)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip/](http://www.cdc.gov/vaccines/acip/)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov/](http://www.cdc.gov/)), American Academy of Pediatrics ([www.aap.org/](http://www.aap.org/)), American Academy of Family Physicians ([www.aafp.org/](http://www.aafp.org/)), American College of Obstetricians and Gynecologists ([www.acog.org/](http://www.acog.org/)), American College of Emergency Physicians ([www.acep.org/](http://www.acep.org/)), American Academy of Physician Assistants ([www.aapa.org/](http://www.aapa.org/)), and National Association of Pediatric Nurse Practitioners ([www.napnap.org/](http://www.napnap.org/)).

## Instructions on how to use

### Report

- Suspected cases of vaccine-preventable diseases or outbreaks to your state or local health department.
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967



Download the CDC Vaccine Schedules App for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html).

### Helpful information

- Complete ACIP recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- General Best Practice Guidelines for Immunization: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)
- ACIP Shared Clinical Decision-Making Recommendations [www.cdc.gov/vaccines/acip/acip-scdm-faqs.html](http://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html)



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →				5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →										
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		← 4 <sup>th</sup> dose →										
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	← 3 <sup>rd</sup> dose →							4 <sup>th</sup> dose					
Influenza (IIV)					Annual vaccination 1 or 2 doses								or	Annual vaccination 1 dose only			
Influenza (LAIV4)												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Varicella (VAR)							← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes		2-dose series, See Notes										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														Tdap			
Human papillomavirus (HPV)															See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Meningococcal B													See Notes				
Pneumococcal polysaccharide (PPSV23)											See Notes						

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Recommended based on shared clinical decision-making or  
\*can be used in this age group

No recommendation/ not applicable



## Notes

### Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2021.

#### Additional Information

##### COVID-19 Vaccination

ACIP recommends use of COVID-19 vaccines within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. Interim ACIP recommendations for the use of COVID-19 vaccines can be found at [www.cdc.gov/vaccines/hcp/acip-recs/](http://www.cdc.gov/vaccines/hcp/acip-recs/).

- Consult relevant ACIP statements for detailed recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For information on contraindications and precautions for the use of a vaccine, consult the *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and relevant ACIP statements at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3–1, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccination requirements and recommendations is available at [www.cdc.gov/travel/](http://www.cdc.gov/travel/).
- For vaccination of persons with immunodeficiencies, see Table 8–1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html), and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31<sup>st</sup> ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see [www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html).

#### Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadacel])

##### Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years

- 1<sup>st</sup> dose as early as possible, but no later than age 3.
- 2<sup>nd</sup> dose at least 4 weeks after the 1<sup>st</sup> dose.
- 3<sup>rd</sup> dose at least 6 months after the 2<sup>nd</sup> dose.
- 4<sup>th</sup> dose at least 6 months after the 3<sup>rd</sup> dose.
- 5<sup>th</sup> dose at least 6 months after the 4<sup>th</sup> dose.

##### Catch-up

- Dose 1 at age 7–11 months: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at age 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before age 12 months and dose 2 before age 15 months: Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before age 12 months: Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- 1 dose administered at age 15 months or older: No further doses needed.
- Unvaccinated at age 15–59 months: Administer 1 dose.
- Previously unvaccinated children age 60 months or older who are not considered high risk: Do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

##### Special situations

- Wound management in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see [www.cdc.gov/mmwr/volumes/67/rr/r6702a1.htm](http://www.cdc.gov/mmwr/volumes/67/rr/r6702a1.htm).

#### Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

##### Routine vaccination

- ActHib, Hiberix, or Pentacel: 4-dose series at 2, 4, 6, 12–15 months
- PedvaxHIB: 3-dose series at 2, 4, 12–15 months

##### Catch-up vaccination

- Dose 1 at age 7–11 months: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at age 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before age 12 months and dose 2 before age 15 months: Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before age 12 months: Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- 1 dose administered at age 15 months or older: No further doses needed.
- Unvaccinated at age 15–59 months: Administer 1 dose.
- Previously unvaccinated children age 60 months or older who are not considered high risk: Do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

#### Special situations

##### Chemotherapy or radiation treatment:

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.

##### Hematopoietic stem cell transplant (HSCT):

- 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history

##### Anatomic or functional asplenia (including sickle cell disease):

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated\* persons age 5 years or older

- 1 dose

##### Elective splenectomy:

Unvaccinated\* persons age 15 months or older

- 1 dose (preferably at least 14 days before procedure)

##### HIV infection:

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated\* persons age 5–18 years

- 1 dose

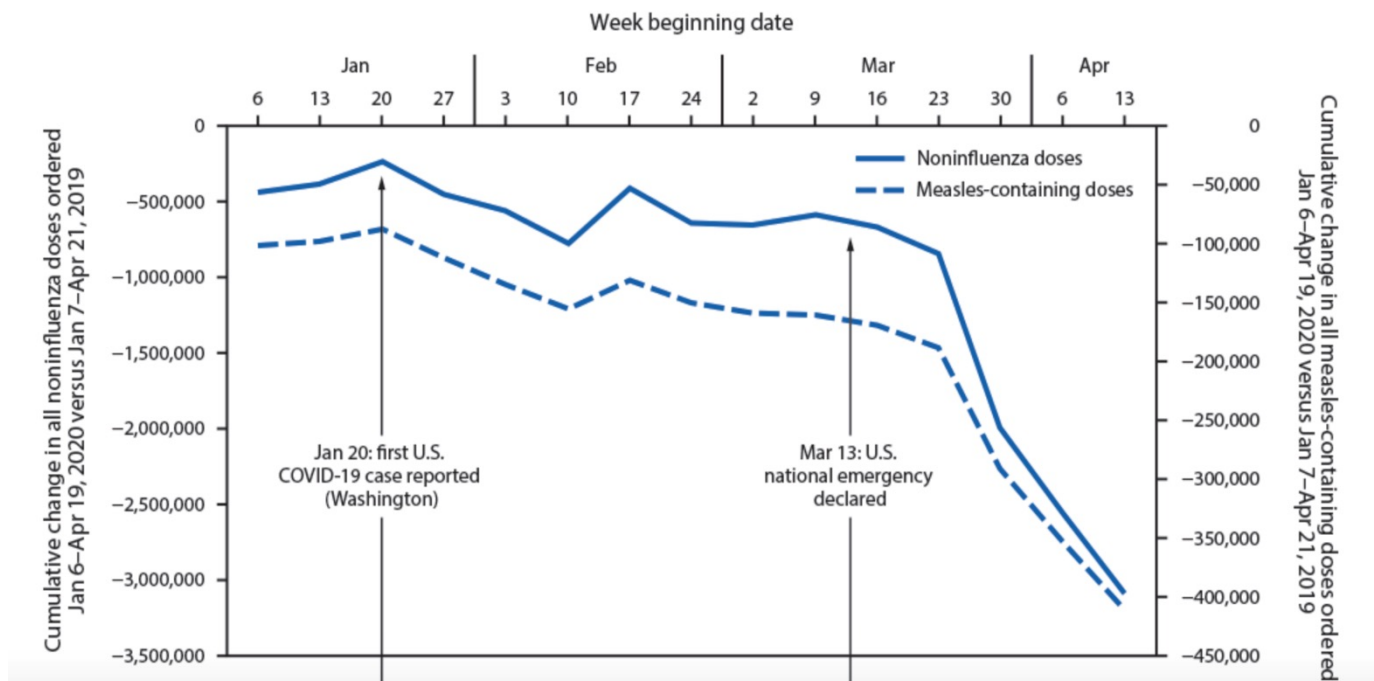
##### Immunoglobulin deficiency, early component complement deficiency:

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

\*Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)

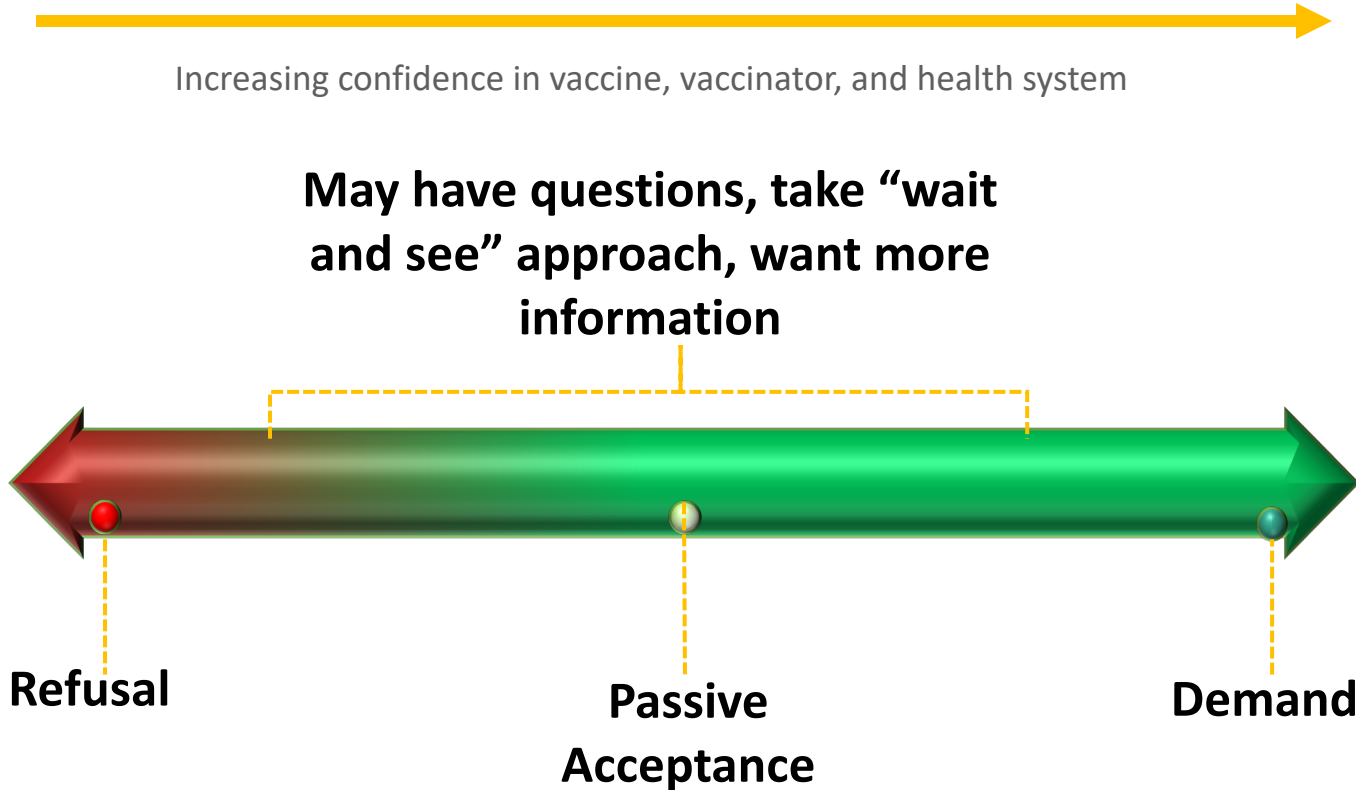
**FIGURE. Weekly changes in Vaccines for Children Program (VFC) provider orders\* and Vaccine Safety Datalink (VSD) doses administered† for routine pediatric vaccines — United States, January 6–April 19, 2020**



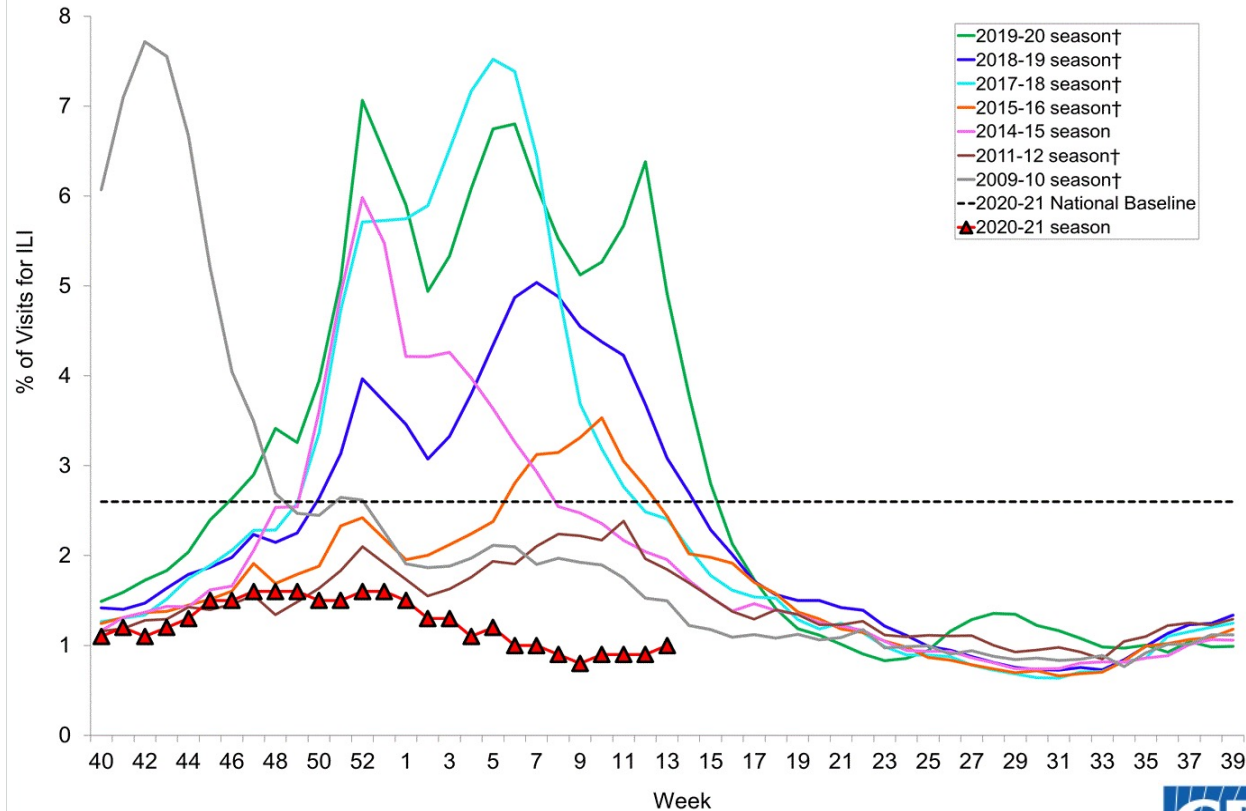
Santoli JM, Lindley MC, DeSilva MB, et al. Effects of the COVID-19 pandemic on routine pediatric vaccine ordering and administration — United States, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(19):591–593. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919e2>



# The Vaccine Demand Continuum



Percentage of Visits for Influenza-like Illness (ILI) Reported by  
the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),  
Weekly National Summary, 2020-2021 and Selected Previous Seasons



†These seasons did not have a week 53, so the week 53 value is an average of week 52 and week 1.

<https://www.cdc.gov/flu/weekly/index.htm>



# 2021-2022 US Egg-based Influenza Vaccine Strains

## Trivalent

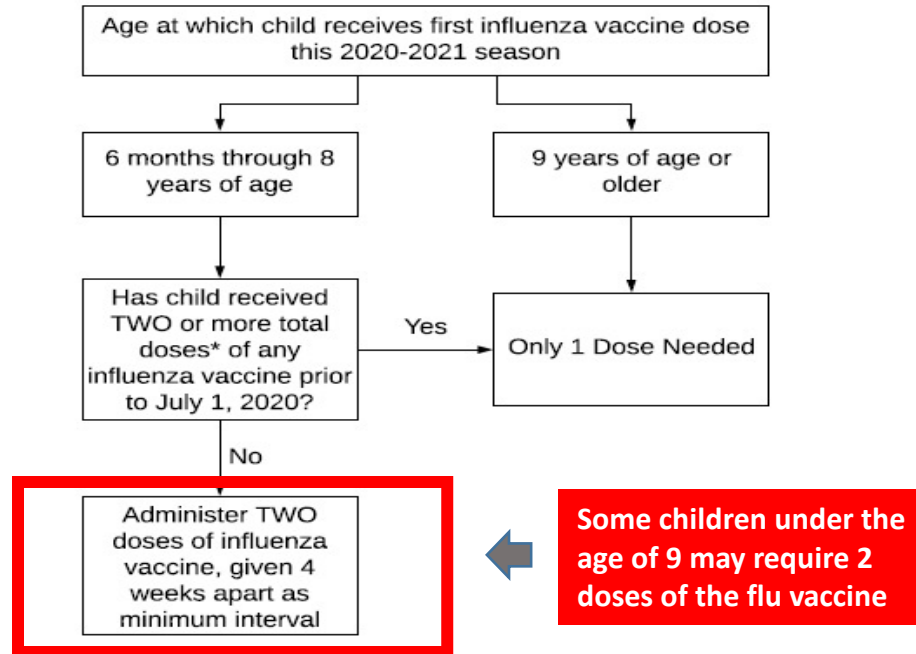
- A/Victoria/2570/2019 (H1N1)pdm09-virus
- A/Cambodia/e0826360/2020 (H3N2)-like virus
- B/Washington/02/2019 (Victoria lineage)-like virus

## Quadrivalent

- Adds B/Phuket/3073/2013 (Yamagata lineage)-like virus

**2 strain changes from last season**

Figure 2. Determining number of 2020-2021 seasonal influenza doses to administer based on age and prior vaccination history..



\* The 2 doses need not have been received during the same season or consecutive seasons.



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The Authority on Pediatric Infectious Diseases from the American Academy of Pediatrics

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## Red Book® Report of the Committee on Infectious Diseases

[Table Of Contents](#)

### ① Resources Tour

VIDEO: Watch a guided tour of the resources available on Red Book Online



Are you an AAP member?

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### Immunization Schedules

Recommended immunization schedules and catch-up schedules for infants, children, adolescents, and young adults.



### Vaccine Status Table

Current information about recently submitted, licensed, and recommended vaccines and biologics, including status of the FDA licensure process and related AAP/CDC recommendations.



### Visual Library

More than 2,500 infectious disease images for use in diagnosis and presentations, including clinical manifestations, disease vectors, and etiology



### Influenza Resources

A comprehensive list of influenza resources for vaccine guidance, prevention, treatment, payment, policies, news, and other information pertaining to influenza for infants, children, adolescents, and young adults.

### AAP News articles on COVID-19

- [AAP: Limit visitors to hospitalized children during COVID-19 pandemic 7/1/20](#)
- [AAP updates child care guidance on sanitizing spaces, screening staff 6/29/20](#)
- [AAP interim guidance on school re-entry focuses on mitigating COVID-19 risks 6/26/20](#)
- [More](#)

**CDC Webinar - Acute Flaccid Myelitis: What Healthcare Providers Need to Know in 2020**

# Take Home Points



- >175 million COVID-19 vaccine doses have been administered in the US
- During this time, the U.S. government has implemented the most intense and comprehensive vaccine safety monitoring program in history
- Overall, the safety profiles of COVID-19 vaccines are reassuring and consistent with that observed from the pre-EUA clinical trials
- Millions of children have been infected, thousands have been hospitalized, and hundreds have died from COVID-19

# Take Home Points



- Children make up more than 22% of the US population
- Children are not little adults, so it's imperative that we have studies showing vaccines are safe and effective in children
- Viruses constantly change via mutation; hence variants develop
- Increased viral spread is more permissive for mutations and the development of variants
- $R_0$  value for SARS-CoV-2 is 2-5
- Herd immunity threshold is  $1 - 1/R_0$  and approaches about 80%

# COVID-19 Updates

**Jessica Kumar MPH, DO**  
**Medical Director**  
**Division of Bureau of Communicable Diseases**



# Agenda

- COVID updates
- School/Education guidance
- CDC updates
- COVID vaccine resources
- Questions

# Pre-K to Grade 12 Schools During the COVID-19

- **Interim Guidance for In-Person Instruction at Pre-K to Grade 12 Schools During the COVID-19 Public Health Emergency:**
- **Approved April 9, 2021**
- [https://www.governor.ny.gov/sites/default/files/atoms/files/Pre-K to Grade 12 Schools MasterGuidance.pdf](https://www.governor.ny.gov/sites/default/files/atoms/files/Pre-K%20to%20Grade%2012%20Schools%20MasterGuidance.pdf)
- Priority to get kids back into in-person learning
- Particularly students with disabilities, special education and those at risk for learning loss
- Changing social distance requirements
- Ultimately, the school/district's decision to move to shorter physical distances will come down to a local community's risk tolerance based on its unique circumstances as stated in the guidance

# Social Distance changes per county risk

- Physical distancing requirements may be altered to a minimum of three feet between students in classroom settings, subject to adherence to certain mitigation measures
- In counties with **low and moderate risk of transmission**, elementary, middle, and high schools can maintain physical distancing of at least three feet between students in classrooms
- In counties with **substantial risk of transmission**, elementary, middle, and high schools can maintain physical distancing of at least three feet between students in classrooms and cohorting is recommended when possible
- In counties with **high risk of transmission**, **elementary schools** can maintain physical distancing of at least three feet between students in classrooms and cohorting is recommended when possible
- BUT **middle and high schools** three feet between students in classrooms is recommended only when schools can use cohorting
- Without cohorting, middle and high schools must maintain physical distancing of at least six feet between students in classrooms



# Physical Barriers and face shields

- The CDC **no** longer recommends physical barriers for mitigation where physical distancing cannot be maintained
- Support enhanced ventilation and air filtration to dilute and remove any SARS-Cov-2 particles from the air

## Children



Find a mask that is made for children to help ensure proper fit



Check to be sure the mask fits snugly over the nose and mouth and under the chin and that there are no gaps around the sides



Do NOT put on children younger than 2 years old



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# Masks

- Masks should have at least two layers of material (e.g. 2-ply)
- Students can remove their mask during meals
- Acceptable masks include but are not limited to cloth-based masks (e.g.,homemade sewn, quickcut,) and surgical masks that cover both the mouth and nose
- Accommodations for early grades, students with disabilities, English language learners), given requirements for equity, capacity, physical distancing, PPE, feasibility, and learning considerations.
- CDC guidance link <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

## Exceptions requiring 6 feet of physical distancing

- Always the required distancing between adults (teachers, staff, visitors) and between students and adults
- Required when eating meals or snacks, or drinking, or other times masks must be removed
- Activities that require projecting the voice (e.g., singing) or playing a wind instrument must be six feet apart and there must be six feet of distance between the performers and the audience during performances and concerts
- Must be maintained in common areas and outside of classrooms (e.g. lobbies, auditoriums, gymnasiums, cafeterias, and hallways), where possible.
- Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency (March 25, 2021)

# Disinfection

- Hand sanitizing: alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical
- Wait 24 hours before you clean and disinfect or as long as possible
- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19
- Restrict access to any area
- Individuals without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the area and resume school activities immediately after cleaning and disinfection
- If more than seven days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary

To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- Touching your eyes, nose, or mouth
- Touching your mask
- Entering and leaving a public place
- Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens



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# Screening

- Daily screening
- Temperature of greater than 100.0°F
- Responsibility for partnering for testing
- New York State, P-12 Teachers and staff have been eligible to receive the COVID19 vaccine since January 11, 2021. Asymptomatic fully vaccinated individuals do not need to quarantine if exposed to COVID-19

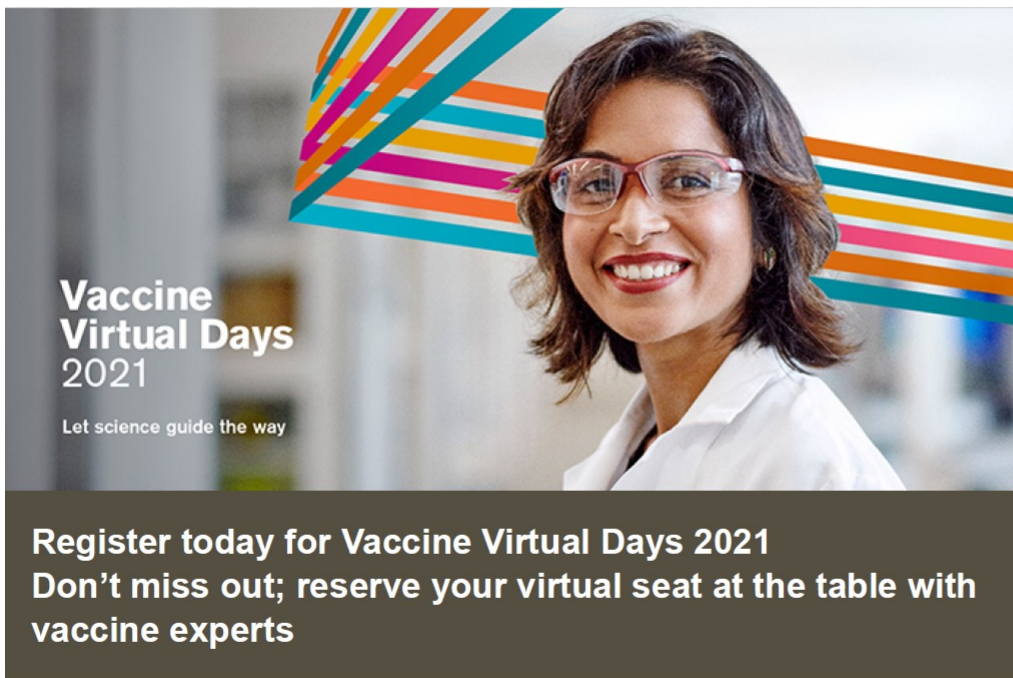


# Screening positive for COVID Exposure of Symptoms

- If screened at the school, must be immediately sent home with instructions to contact their health care provider for assessment and testing
- Students who are being sent home because of a positive screen must be immediately separated from other students and supervised until picked up
- Provide such individuals with information on health care and testing resources, if applicable.
- Notify the state and local health department about the case if diagnostic test results are positive for COVID-19
- **Asymptomatic individuals** who are fully vaccinated or have recovered from laboratory confirmed COVID-19 in the previous 3 months who screen positive for COVID-19 exposure may remain at school
- **Anyone with symptoms** must be immediately sent home with instructions to contact their health care provider for assessment and testing irrespective of vaccination status or previous COVID-19 infection

# People with Moderate to Severe Asthma

- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>
- People with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19. Take steps to protect yourself
- Emphasize community mitigation
- Asthma action plan and flu/COVID immunizations



**Vaccine  
Virtual Days  
2021**

Let science guide the way

**Register today for Vaccine Virtual Days 2021**  
**Don't miss out; reserve your virtual seat at the table with vaccine experts**

Register Now for Vaccine Virtual Days! 27–28 April 2021

Agenda for the 2 days [HERE](#)  
Link for Registration [HERE](#)

Independent Scientific  
Committee of world-  
leading vaccine  
experts, with sessions  
available both live and  
on-demand

# COVID Resources

Finding vaccine in your state

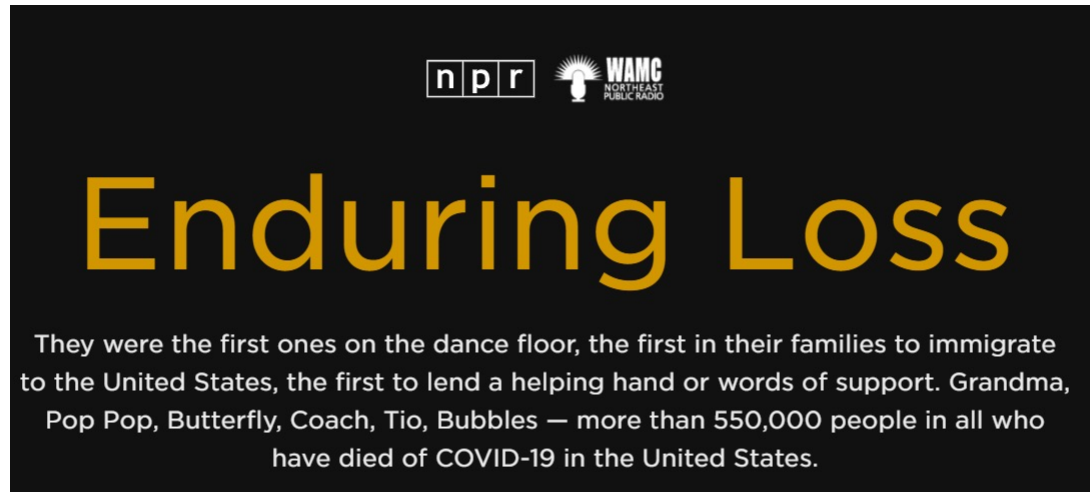
- <https://www.npr.org/sections/health-shots/2021/02/18/967448680/how-to-sign-up-for-a-covid-19-vaccine-in-your-state>

VuMed

- <https://www.vumedi.com/>

# COVID Remembrance Project

- 225 stories about >550,000 people who have died
- <https://apps.npr.org/memorial-interactive/>



## Other Updates

**Marcus Friedrich, MD, MHCM, FACP**  
**Chief Medical Officer**  
**Office of Quality and Patient Safety**

# Excelsior Pass

# Excelsior Pass

Excelsior Pass provides a voluntary, free, secure, digital proof of COVID-19 vaccination or negative test results. It is set in place to accelerate the return to pre-pandemic activities.

There are currently three types of Passes:

- COVID-19 Vaccination Pass (valid for 30 days after the Pass is retrieved, at which time a new Pass may be retrieved)
- COVID-19 PCR Test Pass (valid until midnight on the third day after a test)
- COVID-19 Antigen Test Pass (valid for 6 hours from the time of a test)

<https://covid19vaccine.health.ny.gov/excelsior-pass-frequently-asked-questions>

Download from Apple App Store or Google Play Store. Alternatively, you may retrieve your Pass from the Excelsior Pass website at <https://epass.ny.gov>



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# Excelsior Pass cont.





## How do I present my Pass?

You can present your Pass on your smartphone via a screenshot or the Excelsior Pass Wallet application. You can print a paper Pass from the Excelsior Pass website and present the printed version.

## Can I use one Pass in multiple places?

Yes. Your Pass can be used for as long as it remains active, at as many places as you would like. Once a Pass expires, however, it will no longer be accepted at participating businesses or venues.

After a Pass expires, you will need to follow the requirements for retrieving a new Pass, which may include additional testing.

 <p><b>What is Excelsior Pass?</b></p> <p>Excelsior Pass provides secure, digital proof of COVID-19 vaccination or negative test results.</p>	 <p><b>Access Your Pass On the Go.</b></p> <p>Print your Pass or use the Excelsior Pass Wallet app to store Passes on a mobile device for easy access at any time.</p>
 <p><b>Safely Visit Businesses</b></p> <p>Easily present your Pass at participating businesses and become part of New York's safe reopening. Businesses will scan your Pass with a mobile device or tablet.</p>	 <p><b>Get Started</b></p> <p>To receive your Pass, you'll need to complete some brief information to verify your identity.</p> <p>Any personal information provided is processed in compliance with data protection laws. It's not used for marketing purposes.</p>

FAQ: <https://covid19vaccine.health.ny.gov/excelsior-pass-frequently-asked-questions>

# FDA Update

# FDA Update

- The FDA issued an Emergency Use Authorization (EUA) to Symbiotica, Inc., for the COVID-19 Self-Collected **Antibody** Test System, making it the first serology test authorized for use with a blood sample self-collected at-home.
- Required a prescription from a health care provider. The test system is intended to aid in identifying if a person has had an adaptive immune response to SARS-CoV-2, indicating that the person may have had a recent or previous COVID-19 infection.



<https://www.symbioticainc.com/>

<https://www.fda.gov/news-events/fda-newsroom/press-announcements>



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# Guidance Updates

# Guidance Update

Updated Interim Guidance for Travelers Arriving in New York State (NYS) 4/10/21:

All travelers must complete the NYS Travel Form unless the traveler had left New York for less than 24 hours or is coming to New York from a contiguous state (i.e., Pennsylvania, New Jersey, Connecticut, Massachusetts, and Vermont).

Guidance on:

- **Domestic Travel**
- **International Travel**
- **Recommendations for non-mandated self-quarantine**

[https://coronavirus.health.ny.gov/system/files/documents/2021/04/updated\\_travel\\_advisory\\_april\\_10\\_2021a.pdf](https://coronavirus.health.ny.gov/system/files/documents/2021/04/updated_travel_advisory_april_10_2021a.pdf)



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# Guidance Update

Updated Interim Guidance for Travelers Arriving in New York State (NYS) 4/10/21:

## Domestic:

There are generally no quarantine, work furlough, or testing requirements for asymptomatic domestic travelers.

## Exceptions:

- Unvaccinated health care personnel who have not recovered from COVID-19 in the past 3 months and who work in nursing homes, enhanced assisted living residences (EALRs) or assisted living programs (ALPs) must furlough for 14 days after arrival in New York, consistent with CDC recommendations.
- **All unvaccinated domestic travelers** who have not recovered from COVID-19 in the past 3 months are **recommended** to get tested 3-5 days after arrival in New York, consider non-mandated self-quarantine (7 days if tested on day 3-5, otherwise 10 days), and avoid contact with people at higher risk for severe disease for 14 days, regardless of test result.

[https://coronavirus.health.ny.gov/system/files/documents/2021/04/updated\\_travel\\_advisory\\_april\\_10\\_2021a.pdf](https://coronavirus.health.ny.gov/system/files/documents/2021/04/updated_travel_advisory_april_10_2021a.pdf)



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# Guidance Update

Updated Interim Guidance for Travelers Arriving in New York State (NYS) 4/10/21:

## International:

All international travelers must comply with all CDC requirements, which currently include proof of negative test or recent COVID recovery in order to board airplanes headed to the US.

- Currently CDC does **not require quarantine, work furlough, or testing requirements for asymptomatic** international travelers.
- New York follows that recommendation with exceptions\*
  - Unvaccinated health care personnel
  - **Fully vaccinated** individuals who have not recovered from COVID-19 in the past 3 months are **recommended** to get tested 3-5 days
  - **All unvaccinated international travelers** are **recommended** to get tested 3-5 days, consider non-mandated self-quarantine and avoid contact with people at higher risk for severe disease for 14 days, regardless of test result.

[\\*https://coronavirus.health.ny.gov/system/files/documents/2021/04/updated\\_travel\\_advisory\\_april\\_10\\_2021a.pdf](https://coronavirus.health.ny.gov/system/files/documents/2021/04/updated_travel_advisory_april_10_2021a.pdf)

# Guidance Update

Updated Interim Guidance for End of Academic Year Celebrations During the COVID-19 State of Emergency 4/12/21:

Celebrations must Maximize Social Distancing:

- Adhere to maximal attendance capacity rules from DOH
- At all events regardless of location or scale, the organizers must ensure that attendees follow precautions (contact information for tracing, health screening, social distancing, face covering, controlled movement)

[https://coronavirus.health.ny.gov/system/files/documents/2021/04/doh\\_covid19\\_updatedgraduationguidance\\_041221.pdf](https://coronavirus.health.ny.gov/system/files/documents/2021/04/doh_covid19_updatedgraduationguidance_041221.pdf)



# Monoclonal AB Update

# Monoclonal Antibody update

- Subcutaneous Injected REGEN-COV™ (casirivimab with imdevimab), FDA expansion submitted
- The Office of the Assistant Secretary for Preparedness and Response (ASPR) recent updates to the National Institutes of Health (NIH) COVID-19 Treatment Guidelines published on April 8, 2021, on all three authorized COVID-19 monoclonal antibodies. The guidelines now include the following recommendations:
  - for use of Bamlanivimab 700 mg plus etesevimab 1,400 mg (Alla) and Casirivimab 1,200 mg plus imdevimab 1,200 mg (Alla)
  - **against use of bamlanivimab monotherapy (AllI)**
- ASPR recommends that sites that only have bamlanivimab, and are administering monoclonal antibodies, order either etesevimab to pair with the current supply of bamlanivimab that the site has available or REGEN-COV from the authorized distributor using the direct ordering process.

[COVID19Therapeutics@hhs.gov](mailto:COVID19Therapeutics@hhs.gov)

<https://www.covid19treatmentguidelines.nih.gov/statement-on-anti-sars-cov-2-monoclonal-antibodies-eua/>



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# Monoclonal Antibody update cont.

- Monoclonal antibody treatments for Covid19 are no longer being distributed through a state allocation system.
- Therapies are now available through direct ordering only. **All treatment sites meeting EUA requirements must now order Covid-19 monoclonal antibody therapies directly from AmerisourceBergen Corporation (ABC), the drugs' sole distributor.** The products remain free of charge to requesting sites.
- HHS will continue to monitor all direct orders and retains the capacity to resume allocation of these and future therapies if needed. Treatment sites should review the [direct ordering process guide](#) and place orders directly with ABC at this [site](#)

[Link to: Direct Order Process](#)

# Monoclonal Antibody Update cont.

- Treatment sites wishing to place direct orders will be required to provide ABC with a board of pharmacy license or physician letter of authorization, attest to their designated class of trade, and ensure that product administration will be conducted according to the drugs' EUAs.
- Should you have any questions or concerns regarding the direct order process for COVID-19 monoclonal antibodies, you may contact HHS/ASPR at [COVID19Therapeutics@hhs.gov](mailto:COVID19Therapeutics@hhs.gov) or ABC at [C19therapies@amerisourcebergen.com](mailto:C19therapies@amerisourcebergen.com).

[Link to: Direct Order Process](#)

# COVID-19 and Clinician Well-being: Are We There Yet?

Louis S. Snitkoff, MD, MACP  
Immediate Past-President  
American College of Physicians, NY Chapter



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# Faculty, Staff, and Trainees' Experiences During COVID

## Institutional Opportunities

Telehealth/telecommuting policies

Flexibility in scheduling

Expanded support options to address employee stress, direct educational needs of children

Enhanced communication of available resources and services

Need for affordable and accessible childcare

Delaney, R, et al. JAMA Network Open, April 2, 2021 <https://bit.ly/3wUMJxw>

On 4/10/2021 Kat BSN, RN (@SaltyLikeSaline) Tweeted:

“How will we as healthcare providers ever be the same after Covid?

I constantly think about my patients who have died from it.

Would they be getting ready to plant spring flowers?

Attend graduations?

Travel?

See the birth of a grandchild?

I can't keep doing this.”



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# How to Start Healing During a Season of Grief

We are all grieving, and every loss deserves to be acknowledged

No single strategy is universally effective

Source: NYTimes, <https://nyti.ms/3dd62Ku>



# How to Start Healing During a Season of Grief

Lean on your virtual community and resources like [Grieving.com](https://grieving.com)

Coming this spring: <https://www.covidgriefresources.com>

Learn/do something new

Find inspiration in books, podcasts

Speak with a grief counselor, clergy, or MH professional

Get active/exercise/spend time in nature

Source: NYTimes, <https://nyti.ms/3dd62Ku>

# Movement and Well-being

Variety in everyday movements linked to better well-being

We tend to underestimate the importance of spontaneous outings

Swiss study of patients with psychiatric disorders used GPS tracking as a measure of spontaneous activity

Merely getting outside may help

Source: Science Alert, <https://bit.ly/2PQaYw9>; BMC Psychiatry, <https://bit.ly/3dbNpXe>



Am I OK?  
Are you OK?

It's ok to ask for help  
It's ok to start again  
It's ok to say no  
It's ok to rest  
It's ok to let go  
It's ok not to be ok

Seek help for yourself or a colleague if needed

“The greatest gift we can give someone  
is being present with them,  
to be a container for their emotions.”




- Rana Awdish, MD

Normalize simply offering support  
and not assuming  
everyone wants unsolicited advice.

# I.M. Emotional Support Hub

It's common right now to feel overwhelmed, stressed, or depressed.

Taking care of ourselves and encouraging others to practice self-care sustains our ability to care for those in need.

Protect your health and well-being by connecting with easily-accessible peer support through the [Physician Support Line](#) , and affordable, confidential counseling is available through [The Emotional PPE Project](#)  and [The Therapy Aid Coalition](#) .



<https://bit.ly/3rTC3w8>

# Crisis Intervention

**NATIONAL**  
**SUICIDE** PREVENTION  
**LIFELINE**  
**1-800-273-TALK (8255)**  
**[SuicidePreventionLifeline.org](https://SuicidePreventionLifeline.org)**



As always, I thank you for all you do every day,  
and welcome feedback on the content  
of these presentations.

Stay safe!

# COVID-19 Resources

# COVID-19 Healthcare Provider Compilation

## What is the Provider Compilation Document?

- Contains links to the most recently available COVID-19 guidance for healthcare providers
- Includes links and guidance for:
  - Vaccinations, testing, quarantine, infection control and other relevant information for outpatient healthcare providers
- Updated weekly or as new guidance is released

# COVID-19 Healthcare Provider Compilation

- Link on NYSDOH web page: <https://coronavirus.health.ny.gov/information-healthcare-providers>

## Information for Healthcare Providers

### COVID-19 INFORMATION FOR PROVIDERS

Providing up-to-date information about the COVID-19 outbreak for NYS healthcare providers, including:

- [COVID-19 Vaccine Information for Providers](#)
- Weekly health care provider updates
- COVID-19 webinars, health advisories, printable materials and guidance
- COVID-19 Testing Information
- Joining the NYS health care provider reserve workforce
- Creating a Health Commerce Account

WEEKLY HEALTHCARE PROVIDER UPDATE COMPILATION



For questions, contact [covidproviderinfo@health.ny.gov](mailto:covidproviderinfo@health.ny.gov)



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## NYSDOH COVID-19 Healthcare Provider Compilation As of February 4, 2021, 9:00 AM

*The information in this compilation is current only as of the above date and time.*

**Purpose:** The purpose of this publication is to provide healthcare providers in New York State with a consolidated reference document of guidance released by the New York State Department of Health (NYSDOH) related to the COVID-19 pandemic response. This document displays hyperlinks to the current guidance documents. Additional COVID-19 resources may be found on the NYSDOH [Information for Healthcare Providers](#) webpage. Recordings of COVID-19 [Weekly Healthcare Provider Updates](#) are also available on the NYSDOH webpage.

### COVID-19 Vaccine Information for Providers

#### **Link to Guidance**

##### [NYSDOH COVID-19 Vaccine Webpage](#)

- How to Order COVID-19 Vaccine
- Documents and Guidance on Administering the COVID-19 Vaccine and Vaccine Prioritization
- Provider Training

[Determine Eligibility for a Vaccine and Find a Local Vaccination Site to Make an Appointment](#)

### Testing and Specimen Collection

#### **Link to Guidance**

##### [NYSDOH COVID-19 Testing Webpage](#)

- Antigen Testing
- Antibody Testing
- Molecular Testing
- Protocols for Drive-Through Testing

##### **DOH Wadsworth Center** [Coronavirus Testing Guidance Webpage](#)

- Specimen Collection, Handling and Transport
- Guidance on Pooling
- Test Results Reporting
- Infectious Disease Requisition

### Quarantine, Travel and Exposure

#### **Link to Guidance**

	Date
<a href="#">COVID-19 Travel Advisory Webpage</a>	
<a href="#">Guidance on Use Of COVID-19 Sick Leave</a>	01/20/21
<a href="#">UPDATE to Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure</a>	01/07/21
<a href="#">Quarantine for persons exposed to COVID-19</a>	12/26/20
<a href="#">Interim Guidance for Individuals Traveling To New York State for Medical Treatment</a>	11/09/20
<a href="#">NYSDOH and NYSDOL Guidance on Use of COVID-19 Sick Leave for Health Care Employers</a>	06/25/20
<a href="#">Symptom-Based Strategy to Discontinue Home Isolation for Persons with COVID-19</a>	05/30/20
<a href="#">Contact Tracing Tool for People Being Tested for COVID-19</a>	05/14/20
<a href="#">Discontinuation of Isolation for Patients with COVID-19 who are Hospitalized in Nursing Homes or in</a>	04/10/20

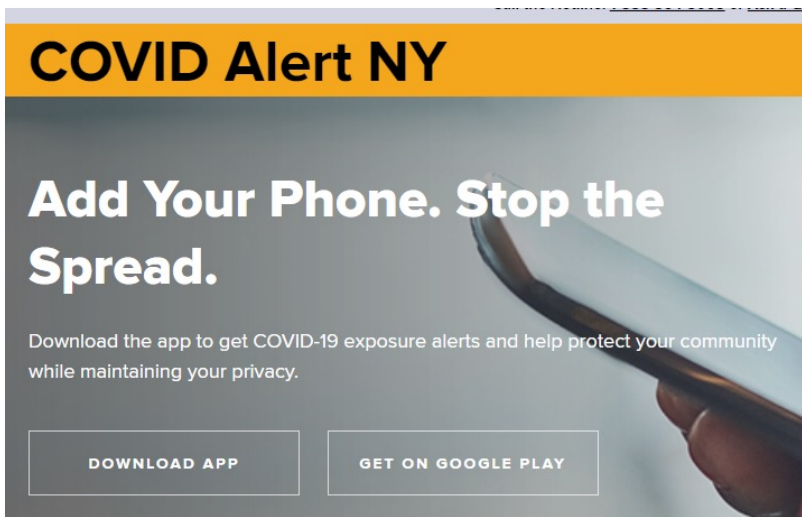


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# NY State DOH COVID-19 Hotline

Call the Hotline: [1-888-364-3065](tel:1-888-364-3065) or [Ask a Question](#)

New Yorkers Can Now Report Vaccine-Related Fraud by  
Calling **833-VAX-SCAM (833-829-7226)** or  
Emailing [STOPVAXFRAUD@health.ny.gov](mailto:STOPVAXFRAUD@health.ny.gov)



GET COVID-19 EXPOSURE ALERTS

**Add Your Phone. Stop the Spread.**



- COVID Alert NY is a voluntary, anonymous, exposure-notification smartphone app.
- You will get an alert if you were in close contact with someone who tests positive for COVID-19.
- Knowing about a potential exposure allows you to self-quarantine immediately, get tested and reduce the potential exposure risk to your family, friends, neighbors, co-workers and others.
- The more people who download COVID Alert NY, the more effective it will be.
- Help protect your community while maintaining your privacy.
- The free mobile apps—available to anyone 18 or older who lives, works, or attends college in New York or New Jersey—are available for download from the Google Play Store or Apple App Store. COVID Alert NY is available in English, Spanish, Chinese, Bengali, Korean, Russian and Haitian Creole.
- Download the free app to your smartphone to receive an alert if you have been in close contact with someone who has tested positive for COVID-19.




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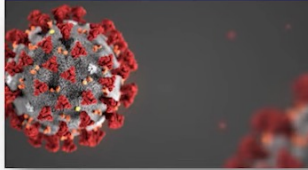
# Healthcare Provider Well-Being



# Healthcare Provider/Physician Wellness



NEW YORK STATE  
Department  
of Health



## Supporting Healthcare Provider Well-Being in COVID & Beyond

July 9, 2020

Howard Zucker, MD, JD  
Commissioner of Health, New York State

[https://www.youtube.com/watch?v=B9PRLV-\\_XQE](https://www.youtube.com/watch?v=B9PRLV-_XQE)

## Mental Health Resources

- **NYS Mental Health Helpline**

**1-844-863-9314**

- The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling



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# Healthcare Provider/Physician Wellness

- The state is partnering with the Kate Spade New York Foundation and Crisis Text Line to provide a 24/7 emotional support service for frontline healthcare workers
- Text NYFRONTLINE to 741-741 to access these emotional support services
- New York State-regulated health insurers will be required to waive cost-sharing, including deductibles, copayments and coinsurance, for in-network mental health services for frontline essential workers during COVID-19

# Mental Health Resources

[Office of Mental Health](#)[About OMH](#)[Consumers & Families](#)[Behavioral Health Providers](#)[Employment](#)

## COVID-19 Resources

The COVID-19 pandemic has left many New Yorkers feeling anxious and stressed.

Learn more about:

- The COVID-19 Vaccine
- Managing anxiety in difficult times
- Coronavirus-related guidance for healthcare providers
- How you can help

## VACCINATION INFORMATION

[New York State COVID-19 Vaccine webpage](#)

Learn more about the State's distribution plan and if you're eligible for the vaccine.

[OMH COVID-19 Vaccine Fact Sheet](#)

Get answers to common questions about the COVID-19 Vaccine.

## PUBLIC RESOURCES

**NY Project Hope Emotional Support Helpline: 1-844-863-9314 \***

New York has a free, confidential helpline as part of the FEMA response to COVID-19. Call 1-844-863-9314 or visit [nyprojecthope.org](https://nyprojecthope.org).

[Tips for Mental Wellness](#) (Español) | বাংলা | 中文 | П У С К И Й | Kreyòl Ayisyen | 한국어를

How to manage COVID related stress and anxiety

[Mental Health in the Next Phase of Coronavirus](#) (Español) | বাংলা | 中文 | П У С К И Й | Kreyòl Ayisyen | עברית

A guide of coping tips and resources to help with the ongoing mental health impact of the pandemic.

[Mental Health Resources During an Emergency](#)

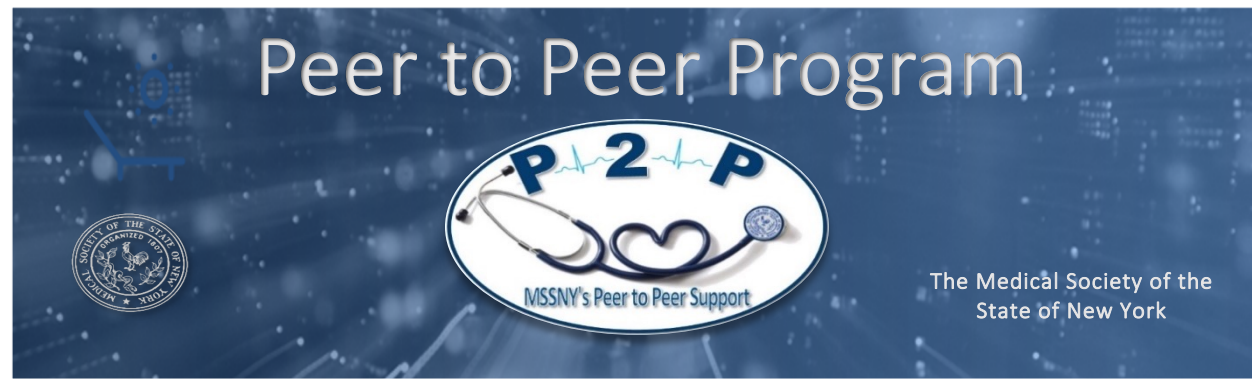
People often experience anxiety, fear, and helplessness during an emergency. Know the signs and get help.

<https://omh.ny.gov/omhweb/covid-19-resources.html>



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***Are you struggling with everyday life stressors?***

***MSSNY's P2P Supporters are here to help***

Any physician, resident or medical student who wishes to relate to a peer supporter may contact the Medical Society of the State of New York in the following ways:

- Email: [\*\*P2P@mssny.org\*\*](mailto:P2P@mssny.org)
- Phone **1-844-P2P-PEER** (1-844-727-7337)

***Support, Empathy & Perspective***

# CDC COVID-19 Website

 ASL Videos | Easy to Read | Languages ▾

COVID-19

Your Health ▾

Community, Work & School ▾

Healthcare Workers & Labs ▾

Health Depts ▾

Cases & Data ▾

More ▾

CASES ARE RISING.  
**ACT NOW!**

  
WEAR A MASK

  
STAY 6 FEET APART

  
AVOID CROWDS

COVID-19 cases, hospitalizations, and deaths across the United States are rising. Take steps to slow the spread of COVID-19.

WHAT YOU NEED TO KNOW >

VACCINES  
Information for you & your family >

QUARANTINE  
Who should quarantine >

NEW VARIANTS  
What we know >

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



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# Additional COVID-19 Resources

# NYS resources

- <https://forward.ny.gov/early-warning-monitoring-dashboard>
- Testing/tracing
- New infections/severity & hospitalization
- Hospital capacity

COVID-19 Early Warning Monitoring System Dashboard Data as of: 1/28/21  
Last updated on: 1/28/21

	Testing/Tracing Targets		New Infections		Severity of Infection	Hospital Capacity	
Region	Maintain 30 per 1,000 Diagnostic Tests	Maintain Required Case and Contact Tracing Capacity	% Positive Tests per Day (7-Day Rolling Avg)	New Cases per 100K (7-Day Rolling Avg)	Gross New Hospitalizations per 100K (7-Day Rolling Avg)	Percent of Hospital Beds Available (7-Day Rolling Avg)	Percent Avail. Rd
STATEWIDE	227,110 / 19,542	9,628	5.6%	65.52	4.98	32%	
Capital Region	10,574 / 1,085	278	6.2%	60.02	3.77	24%	
Central New York	8,026 / 775	458	4.3%	44.64	3.76	29%	
Finger Lakes	10,749 / 1,203	468	4.9%	43.36	5.63	33%	
Long Island	35,706 / 2,839	1,308	6.8%	85.84	6.00	29%	
Mid-Hudson	25,521 / 2,322	1,456	6.7%	73.63	5.08	40%	



# Helpful Links

- [HERO Together: COVID vaccine effects study](#)
- [New York State](#) vaccine tracker
- [NY Times](#) vaccine tracker

# Highlighted CDC resources

- **Update to COVID-19 clinical considerations:** [www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)
- **Nursing Home COVID-19 Data Dashboard:** CDC's National Healthcare Safety Network (NHSN) is supporting the nation's COVID-19 response by providing a [Long-term Care Facilities \(LTCFs\) COVID-19 Module](#), [NHSN Nursing Home COVID-19 Data Dashboard](#)
- **Estimated Disease Burden of COVID-19:** estimates of COVID-19 infections, symptomatic illnesses, and hospitalizations using a statistical model to adjust for cases that national surveillance networks are unable to capture for [a number of reasons](#).
- These estimates and methodology used to calculate them are published in *Clinical Infectious Diseases* and available [online](#). To learn more, please visit: [Estimated COVID-19 Burden](#)

# CDC Upcoming Pending Topics

- **2/08/2021:** Tools for Essential Workers
- **2/22/2021:** Finding the Silver Lining:  
Advancing Smoke-Free Protections During  
the COVID-19 Pandemic

# NYS Medicaid Telehealth Updates and Guidance

[NYSDOH COVID-19 Guidance for Medicaid Providers website](#)

- **Webinar:** New York State Medicaid Guidance Regarding Telehealth, Including Telephonic, Services During the COVID-19 Emergency - **5.5.2020**
  - [Slides](#) (PDF)
  - Recording *Coming Soon*
- **Frequently Asked Questions (FAQs)** on Medicaid Telehealth Guidance during the Coronavirus Disease 2019 (COVID-19) State of Emergency - [\(Web\)](#) - [\(PDF\)](#) - **Updated 5.1.2020**

# Telehealth Guidance

- **American College of Physicians Telehealth Resource:**

[www.acponline.org/practice-resources/business-resources/health-information-technology/telehealth](http://www.acponline.org/practice-resources/business-resources/health-information-technology/telehealth)

- **CDC Outpatient and Ambulatory Care Setting Guidance:**

[www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html)

- **Medicaid:**

[www.health.ny.gov/health\\_care/medicaid/program/update/2020/](http://www.health.ny.gov/health_care/medicaid/program/update/2020/)

# NYSDOH COVID-19 Website

LAST UPDATED: JANUARY 13, 2021 AT 2:30 PM

## What You Need to Know

- Visit [ny.gov/vaccine](https://www.ny.gov/vaccine) to get the facts on the COVID-19 Vaccine in New York.
- The [COVID-19 Emergency Eviction and Foreclosure Prevention Act](#) places a moratorium on residential evictions until May 1, 2021 for tenants who have endured COVID-related hardship.
- A new [Micro-Cluster Strategy](#) is addressing COVID-19 hot spots that have cropped up across the state.
  - [Look up an address](#) to see if falls into a Red, Orange, or Yellow Zone
  - [See the restrictions](#) that correspond to each color-coded level of cluster zone
- Indoor and outdoor gatherings at private residences are limited to no more than 10 people.
- Read [New York's COVID-19 Winter Plan](#) to mitigate the spread of the virus and bolster New York's hospital's preparedness.
- New [travel guidelines](#) are in effect that allow out-of-state travelers to "test out" of the mandatory 10-day quarantine.
- To report violations of health and safety restrictions and requirements for businesses, gatherings and individuals, please choose the appropriate link below:
  - [File a complaint about a business, location or incident in your community.](#)
  - [File a complaint against your employer or place of work.](#)
- Health care workers can text NYFRONTLINE to 741-741 to access 24/7 emotional support services. Any New Yorker can call the COVID-19 Emotional Support Hotline at 1-844-863-9314 for mental health counseling.

<https://coronavirus.health.ny.gov/home>



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# NYSDOH COVID-19 Website

PROTECTING THE PUBLIC HEALTH OF ALL NEW YORKERS			
Schools	Mental Health Resources	Mandatory and Precautionary Quarantine	Seasonal Celebrations
Healthcare Providers	Long-Term Care Facilities	Childcare Providers	Childhood Inflammatory Disease Related to COVID-19
Movie Theaters	Ski Facilities	Pregnancy Guidelines	Donate Blood
Employees & Employers	Insurance	Cyber Security	Price Gouging

<https://coronavirus.health.ny.gov/home>

# NYSDOH COVID-19 Testing Website



## SECTIONS

**Overview**

Can I Be Tested?

If You Test Positive

Drive-Through Testing

Antigen Testing

Antibody Testing

Contact Tracing

Molecular Testing

<https://coronavirus.health.ny.gov/covid-19-testing>



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# Mirror Clings



To order mirror clings for public use email the NYSDOH:

[bmcc@health.ny.gov](mailto:bmcc@health.ny.gov)

# QUESTIONS ?

TO NYS HEALTHCARE  
PROVIDERS  
THANK YOU!



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